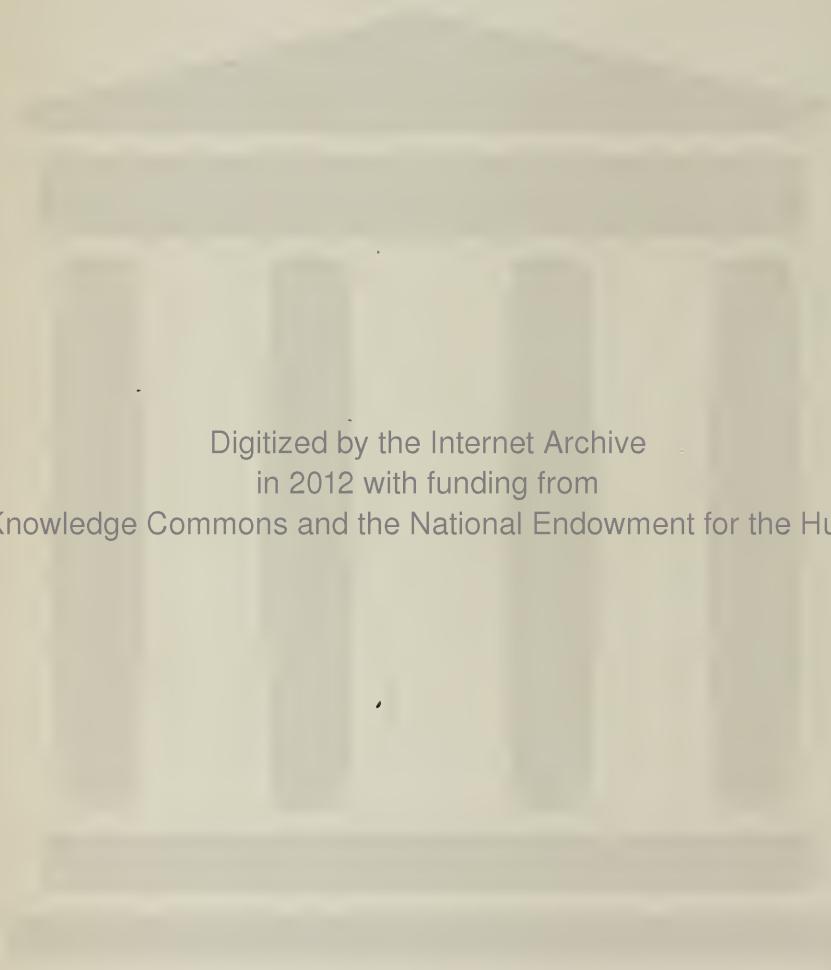


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THE
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MEDICAL GAZETTE.

A Monthly Journal

OF

HOMOEOPATHIC MEDICINE,

SURGERY, AND THE COLLATERAL SCIENCES.

EDITED BY H. C. ANGELL, M.D.

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VOLUME I.

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No. 1.]

BOSTON, JANUARY 15, 1866.

[VOL. I.

INTRODUCTORY.

IN presenting this first number of the "Gazette" for the consideration of his colleagues, the editor takes the occasion to beg of them their kind forbearance for a few weeks, until he shall have become somewhat accustomed to the editorial chair, to the editorial pen, and to the desires and expectations of those of his medical brethren who propose to trust more or less to his discretion and fidelity as their medical caterer.

That the establishment of a Homœopathic Journal in this section of the country is ardently desired by the profession, there is no room to doubt. The numerous responses received from all parts of New England, in reply to the first circulars issued, abundantly testify to this fact.

While it is proposed to make the "Gazette" decidedly progressive in character, fully alive to the advanced positions of pathology and therapeutics, it is not intended that it shall be exclusive in any sense of the term. The question of dose, for instance, whether it shall be large or small; of regimen in relation to its effects upon our remedial agents; of the totality of the symptoms, to what extent they reveal the precise nature of morbid conditions,— all these are open questions, and it is proposed to treat them fairly, never unfairly. These subjects are practical, and to such it is desired to give a scope limited only by the size of the journal. The grand object, above all, of

the editor and publishers, is to make the new journal an eminently practical one, and as such an indispensable auxiliary to every active member of the profession. To render the "Gazette" a success, however, in this respect, something more than the hearty good wishes, so freely offered in the many letters received, will be needed. The assurance of the immediate co-operation of every physician in active practice throughout the country is absolutely necessary. Crude and hastily written records of experiences and observations, enclosed to the address of the editor, will be carefully prepared for the press; so that none may excuse himself from his duty as contributor on the plea of want of time. The "Gazette" must not be narrowed down to be the mouth-piece of any one individual, or of any one set of individuals. It must have the breadth which savors of contact with minds of all possible variety of organization.

Homeopathy has attained to a proud position in New England. Its representative journal should be worthy of this position. It cannot be more than this: let the profession see to it that it be not less.

O X A L U R I A.

BY A. H. OKIE, M.D., OF PROVIDENCE, R.I.

THIS disease is one of great interest to the practical physician: it is of common occurrence, and is frequently overlooked or confounded with other maladies, as hysteria in the female, or hypochondriasis in the male; and the patient is left to suffer, too often for years, from the effects of a curable malady, and also from the evils of mal medication. The microscope reveals to us the true nature of the disease, and demonstrates the presence of the atomic crystals of the oxalate of lime in the urine.

With the disappearance of these crystals under proper treatment, we witness also the cessation of the varied phenomena dependent upon their presence. How do these atoms of the oxalate of lime get into the blood? This is an interesting

question, a demonstrative answer to which would form the solution to various other maladies with which the practical physician is often called to combat. My own opinion is, that the disease originates in functional derangement of the nervous system.

The symptoms of oxaluria may be thus briefly stated: The patients are more frequently males than females, individuals unaccustomed to much exercise, usually from the better class of society: they are generally free livers. I may here mention that the free indulgence in the use of tomatoes has been noted in several patients afflicted with the complaint.

Digestive phenomena, as imperfect digestion and assimilation, sense of weight and pressure in the stomach, flatulence and palpitation of the heart occurring some hours after a meal. Conjoined with these, nervous symptoms are almost unfailing concomitants. Oxalurics are troubled with dizziness, sense of falling, flushes of the face; they are sensitive, irritable, morose or obtuse, variable, melancholy; at times filled with doubts and apprehensions; they labor under the idea that they have consumption, organic heart disease, or some other grave and incurable malady. In cases of less gravity,—and the gravity of the case depends upon the amount of crystals found in the urine,—the tongue is slightly coated, the skin dry, pulse somewhat quickened. In severe and very obstinate cases, the complexion becomes of a dusky or dirty brown; the tongue is sometimes red and sensitive; there is constant and *increasing loss of flesh*,—this symptom serves to distinguish oxaluria from hypochondriasis, with which it is often confounded; the hair falls out; boils, carbuncles, psoriasis, and other cutaneous maladies, appear; the patient experiences dull pains in the loins and back; he is troubled with incontinence of urine; and, in a greater or less degree, *with loss of the sexual appetite*.

This last symptom is marked in both males and females, and will frequently lead to a detection of the complaint. Many cases of impotency may be traced to this cause: the microscope, revealing the presence of oxalate of lime crystals in the urine, gives us at once a key to the complaint. By way of note, I would here suggest to some of the zealous observers of our

school, the aptness of introducing the oxalate of lime among our medicines, as I doubt not it will prove a potent agent in many affections of the nervous and sexual systems.

This disease, oxaluria, is curable by the use of nitric or nitro-muriatic acid, in doses varying from ten to thirty drops of the first decimal dilution three times a day. I have found the *Agnus castus*, in the tincture and first decimal dilution, a valuable intercurrent in the treatment of the nervous phenomena. The nitric acid should be continued for a number of consecutive weeks, and the urine examined microscopically as often as once in ten days, to note the progress of the cure.

We will frequently find, that the nitric acid, or nitro-muriatic, must be continued for months; and the nervous phenomena will at times persist, even after the atomic crystals have disappeared from the urine. This leads to the opinion that the disease is primarily seated in the nervous system, and that the presence of the oxalate of lime is merely an evidence of this nervous derangement.

CLINICAL REPORT.

BY SAMUEL GREGG, M.D., BOSTON.

(Presented at the recent Semi-annual Meeting of Mass. Hom. Med. Society.)

WHOLE number of cases treated from Oct. 1, 1864, to Oct. 1, 1865, nineteen hundred and thirty. Whole number of deaths, nine, as follows:—Two of Hydrocephalus; two of Scarlatina; one of Consumption; one of Anæmia; one of Cerebro Spinal Meningitis; one of Enterob Peritonitis; one of Delirium Tremens. Among the diseases treated were the following, with the principal remedies used in each:—

Name of Disease.	No. of Cases.	Principal Remedies used.
Cholera Infantum	None.	Diseases of gastro-enteritic nature of children are reported as diarrhœa or teething.
Cholera Morbus	10	Puls., 1; Guaco., 1; Verat., 3.
Spasmodic Cholera	3	Verat., 3; Ars., 3; Camph.
Croup	22	Hepar., 3; Brom., 3; Acon., 3; Canth., 1; Kali. bichrom., 2.

Name of Disease.	No. of Cases.	Principal Remedies used.
Diarrhoea	87	Ars., 3; Secale, 2; Verat., Calc. car., 3; Merc. cor., 3.
Dysentery	37	Merc. cor., 3; Acon., 3; Merc. sol., 3; Caps., Canth., Aloes, Guaco.
Diphtheria	11	Gels., 1; Acon., 3; Bry., 3; Canth., Kali chlor., Potas. bichrom.
Erysipelas	4	Bell., 3; Rhus Tox., 3; and external application of Tinct. Cantharides.
Pneumonia	16	Acon., 3; Gels., 1; Bryonia, 3; Phos.; Tart. emetic, 3, &c.
Scarlatina	11	Acon., Opium, Cham., Bell., Con.; and, for the sequelæ, Ars., Tereb., Apis, and Carb. Baryt.
Rheumatism	28	Acon., 1; Bry., 1; Colch., 1; Rhus, Arn.
Tonsilitis	8	Con., 1; Phyt., 1; Bell., and Merc.
Laryngitis and Pharyngitis .	42	Phyt., 1; Iris-vers., Merc. sol., Apis.
Typhoid Fever	12	Gelseminum, 1; Acon., Bryonia, Baptisia, Rhus, Ars., Sec.
Catarrhal Fever	15	Acon., Bell., Gels., Bry., Phyt., Tart. emetic.
Bilious Fever	2	Acon., Bry., Merc. sol., Nux.
Intermittent Fever	2	Allium cep., Cedron, Ars.

CLINICAL EXPERIENCES.

BY HENRY B. CLARKE, M.D., NEW BEDFORD.

DR. CLOTAR MÜLLER'S "Contribution to the Dose Question," in the British Journal of Homœopathy for July, 1865, translated from the "Hom. Vierteljahrsschrift," strikes me as a very sensible effort towards the solution of this vexed question.

Seconding his wish that many more would follow his example, I venture to add my experience to his, and, for convenience sake, will follow his method as nearly as practicable.

For the purpose of indicating my stand-point, I will premise, that, in the beginning of my practice, nearly fourteen years ago, I had no prejudices for or against attenuations or potencies of any class: I had been accustomed during my pupilage to see, and assist in, the administration of preparations generally of the sixth to the thirtieth centes., with occasional use of the first centes., and more frequently a trial of the one hun-

dred to the two hundredth. At the same time, I was in attendance upon an allopathic hospital, and there saw the operation of crude drugs. The only opinion I had concerning doses proper in homœopathic practice was a vague notion, that, in acute cases, the dilution should be low and frequently repeated; while in chronic cases it should be high, and rarely repeated.

With this explanation, I proceed to my experience with some of the principal remedies. *Aconite.* My use of this medicine has been mainly with the third decimal dilution, though I have sometimes given the first or sixth according to apparent susceptibility. Employing it according to its indications, in cases characterized by febrile excitement, it has seemed, generally, to produce a favorable modifying influence, and very frequently has given unmistakable evidence of its beneficial effect. I have used it rarely in chronic cases, and, as often as otherwise, in the higher dilutions up to the thirtieth centes.; but I can recall no marked successes therein. The *mother tincture* I have only used externally in some cases of neuralgic and rheumatic pains, but without any decided advantage.

Ant. Tart. In the beginning of my practice, I was accustomed to give Tart.-emetic in the sixth dilution and upwards; and, in certain cases, I still use the third and sixth: but I have succeeded repeatedly with the second and first, when no effect was apparent from the higher attenuations. Particularly has this been the case in croupous affections of young children, where I have witnessed a remedial influence from this medicine, in these comparatively large doses, of the most positive and satisfactory character.

Arsenicum. I have used from the crude preparation known as *Fowler's Solution*, up to the two hundredth dilution. In general, for internal disorders I have seen the best results from the sixth decimal dilution: but, in chronic cutaneous affections, I have found it necessary to resort to the lowest preparations to secure a curative action; and, in these cases, I think I have seen better results from a dilution of *Fowler's Solution* equivalent to the third decimal than from the pure drug. This day (Dec. 8), I have prescribed for a case of *acne* in a

girl of nineteen, which has been under treatment since Aug. 14, 1865. The case was one of the worst I have ever seen; the patient, at the commencement, having an appearance not unlike that of one suffering from variola in the early stage of the eruption. Under the use of the preparation of *Fowler's Solution* above alluded to, in doses of five drops three times a day after meals, there has been steady improvement from the commencement of the treatment, until the disease has nearly disappeared. With the improvement of the eruption, there has been a corresponding progress in the general health and tone of the patient. Another case, reported to-day entirely cured by the same treatment, is as follows: Miss D. R., American, age twenty-five, house-maid; dark eyes and hair, of healthy and robust appearance, reserved but determined manner; applied to me Aug. 25, 1863, for treatment for an eruption from which she had suffered for nearly a year. She had first a sore throat, which lasted for one or two months: when it got well, the eruption appeared. This eruption, which covers the entire body except the scalp, comes out in red papulæ varying in diameter from the size of a pin's head to that of a three-cent piece; vesicles form on the summit, suppurate, crusts form and fall off, leaving a sore which heals; the places occupied by these sores are marked by a dark-colored cicatrix, and the skin generally has a dusky look. The time occupied by the eruption in running this course is about three weeks: there are stated periods of access and decline, yet some of it may always be seen in all stages of development.

It is attended with most intolerable itching, stinging, and burning, particularly on undressing at night. It is worst on the trunk, legs, and forearms, the face being but slightly affected. The general health of the patient is good, save that she is much depressed in mind in consequence of this disease. She has been under treatment (old school) continually since it first appeared. Her last physician believed it was the itch (which it very much resembles in places where, from scratching, the skin is torn and reddened), and proposed Sulphur ointment, which she refused to apply.

I commenced the treatment with Sulphur, giving it first in

the third decimal, and afterwards in the thirtieth, but with no material change. I afterwards gave *Rhus* and several other remedies; but, at the end of six months, with no improvement whatever, while the patient was getting discouraged. I began Feb. 25, 1864, with *Arsenic* first decimal dilution of *Fowler's Solution*, dose as in the previous case. My notes on the case subsequently are as follows: April 28. Decided improvement under this medicine. Cont. med.

Aug. 2. Still improving; skin becoming clear. There is considerable itching and stinging at times, but the sores are no longer formed. Cont. med. Nov. 12. Improvement continues. Cont. med. Dec. 26. The eruption gradually becoming less troublesome. The papulæ still recur, however, with moist points, which dry and scale off. The general health is very good, has improved under the medicine. Prescribed daily liniment with *Carb. Soda*, $\frac{3}{i}$ to the pint of water; *Arsenic*, *Fowler's Solution*, full strength, five drops daily after dinner in water.

April 14, 1865. The eruption is nearly gone, a little being left on the arms alone. According to my directions to increase the dose if no unpleasant symptoms appeared, the patient has been taking ten drops daily; has not felt so well lately; grown thin; appetite poor; feeling of faintness at the stomach; constipated. Stopped the medicine. No further medicine was given. The eruption soon after disappeared altogether; and I now hear from her that she is perfectly well. I have no doubt an equally favorable result would have followed a continuance of the smaller doses, without the perturbation which seems to have arisen from the large ones; but the patient had been for more than a year and a half under my care, and I was impatient to complete a cure.

In another case, which I had for a long time under my care, I obtained the following experience with *Arsenic*: The patient, a very sensitive woman, had chronic gastritis complicated with uterine disease. *Arsenic* was often very decidedly indicated; but whenever a low preparation, as the third to the sixth, was given, it would uniformly produce or aggravate a burning distress at the stomach from which she suffered a great deal.

This symptom would almost as uniformly be relieved by Arsenic thirtieth, while the two hundredth, which I tried repeatedly, had no apparent effect.

GENERAL AND SPECIAL DRUG-EFFECTS.

C. WESSELHOEFT, M.D., DORCHESTER, MASS.

THE usual mode of discussing medical topics in our meetings, and as often seen reported in journals, is, in many respects, less profitable than it might be. It is customary to take up some disease, and to discuss its treatment. This is all very good, because we learn from it the common practice in certain cases; that is, what medicines are used in certain diseases. We tell each other that we have used Mercurius cor. in dysentery, Belladonna in scarlet fever, Thuja in smallpox, Podophyllum in diarrhoea, Hamamelis in hemorrhages, &c. But there is another method of discussion which is never adopted. Instead of giving out the name of a disease, let us, once in a while, take up some known drug; let each one say what effects he has known it to produce in health, and what morbid conditions he has cured, or proposes to cure with it, instead of always coupling the name of a disease with that of a drug.

We are not yet free enough from old and useless habits. We consider diseases too often as entire, immutable things, and medicines likewise. We do not call to mind sufficiently that no two diseases were ever exactly alike; though it is perfectly proper that pathology should classify, and systematize, and have names for systems, classes, and species. It is otherwise in practice, where we find no two individual diseases alike, on careful examination; though that does not preclude the possibility of curing many of them with the same medicine.

In regard to remedies, the habits of thought are much the same. Practitioners are too often in the habit of inquiring

what diseases such or such a remedy is good for, without trying to discover its qualities by proving, or by studying the provings of others. The impression seems to prevail, that a remedy, in order to be incorporated in our homœopathic *Materia Medica*, must be capable of actually producing one or more distinct diseases, like those we read about in our text-books. Because no drug ever produced typhus fever, cholera, lung fever, &c., it is doubted by some that such dangerous diseases can be cured by medicines.

The fact is, however, that all such diseases, or rather forms of disease, are often cured by medicines. The relation of diseases to drugs can be expressed about as follows: Though many hundreds of diseases, considered as such, are enumerated and described scientifically, it is and always will be impossible to furnish descriptions of every possible variety of individual diseases. The most that pathology has done and can do, is to furnish us a correct description of classes, orders and genera; but the definitions of the species in *pathology* must always be imperfect, and insufficient to serve as a basis for cure. According to each one's knowledge of classes, orders, and genera, he is prepared to grapple with the species as it presents itself. We must abandon the idea of finding described in text-books just that individual whom it falls to our lot to deal with.

The case stands similarly with regard to drugs. The number of drugs capable of producing any thing like a given species of disease is about equal to the number of natural diseases, varying little from year to year; that is, they are so few that no practical results can be deduced therefrom. In short, the sooner the idea is abandoned, that drugs must necessarily produce diseases corresponding to certain names adopted by pathology and its text-books, the better it will be for homœopathy.

Drugs have done and can do much more. Any simple proving will confirm this assertion; and elaborate provings, like those of *Apis*, *Arsenic*, and *Belladonna*, instead of showing that these drugs produce a certain number of diseases, tell us plainly that they are capable of producing certain *groups of symptoms*, which can be applied in so many different combinations

as to make them adapted to the cure of countless forms of disease. In short, the study of our *Materia Medica* leads to the conclusion,—or the law, if you will,—*that every drug may be applied in every disease*, if the law “*similia similibus curantur*” is correct; and he who is in doubt about its comprehensiveness must not blame any one but himself.

Thus, instead of discussing in our meetings and in our journals what is good for this or that complaint, let us not neglect our *Materia Medica* altogether, in the contemplation of diseases. Let us, now and then, take up a drug-proving, and see what we can do with it, according to the law brought to light, and held there for half a century, by Hahnemann, till it had taken root.

The effects of drugs have been classified and named in various ways, to denote various kinds of effects; such as primary effect, after effect, counter effect, &c., each signifying some definite manifestation of drugs brought in contact with the healthy, and also with the diseased, human body. But there is another way of arranging the results of a proving for the purpose of study and practice; and that is by collecting the symptoms under two heads:—

1. *General Symptoms.*
2. *Special Symptoms.*

General symptoms are those which occur repeatedly throughout the proving. They have usually no bearing on any particular organ, but belong to the whole organism, and often *characterize the special symptoms*; for instance, a drug, taken by a healthy person, may produce a pain in the head, in the liver, or limbs, and it may produce the same pain in the same or other organs of another prover. These are special symptoms, or even individual symptoms (peculiar to the prover), often a great bugbear for us; but if each of these, special and individual symptoms occurs always at a *certain time of the day*, or on the same side of the body, regardless of the organ or individual, in that case they are general, thorough-going symptoms of great importance. Thus, a drug may produce headache in several

provers. This, by itself, is of little importance; but as soon as it becomes apparent that this headache always occurs at the same time of the day with all provers, then it is a useful sign, which characterizes the special symptoms. Or, a drug may produce a pain in the head of one prover, and in the abdomen of another, or in the chest of a third. All this would be of little importance, unless it can be shown that these pains all occurred *on the same side of the body*; and if, in addition, it is discovered that the pains all come on at or near a certain time of the day, they may be safely set down as highly useful and important symptoms. These varieties could be illustrated by numerous other examples.

It by no means follows that special symptoms are valueless. On the contrary, if a drug produces in a healthy person artificial groups of symptoms, or even affections closely resembling natural diseases, such as inflamed throat, like that of Belladonna, Apis, Lachesis, &c.; or croup-like affections, like those produced by Spongia, Hepar, Bromine, &c.,—such symptoms always will be most useful, and, in fact, constitute the most prominent symptoms in most cases. Yet their value is immeasurably enhanced, if they are characterized by some general symptom; but the principle must always be held fast, that all these inflamed throats, or croupous affections, produced by drugs, are practically just as different from each other as so many distinct forms of disease. The sore throat of Apis is practically as distinct from that of Lachesis as croup is from toothache. And the varieties of morbid effects produced by drugs, are as multifarious as natural variations of diseases; though past centuries of routine have established the habit of considering each form assumed by a disease as an unalterable, fixed fact,—an entity, while it is quite the contrary.

To render the meaning of the above more clear, the following examples may serve as illustrations of what may be considered as general symptoms of drugs, leaving out special symptoms, since they are more generally understood and appreciated:—

NATRUM MUR.

Aggravation on lying on the left side.
 Aggravation on motion.
 Aggravation on exertion of the mind..
 Aggravation on bodily exertion.
 Aggravation on emotional excitement.
Morning aggravations.
Nocturnal aggravations.
 Improvement on lying down.
 Improvement on lying on the right side.
 Improvement during rest.
Emaciation, &c.

LACHESIS.

Aggravation in the open air.
 Aggravation during damp weather.
Aggravation after sleeping.
 Aggravation from exertion.
Evening aggravations.
 Improvement in-doors (in the room).
Left-sided affections, &c.

PULSATILLA.

Aggravation while lying down.
 Aggravation in the beginning of exercise.
 Aggravation during rest.
 Aggravation in a warm room.
 Aggravation from mental emotions.
 Aggravation from warmth.
 Aggravation after warm food.
Afternoon aggravations.
Evening aggravations.
Improvement on lying on the right side.
Improvement on motion.
Improvement in the open air and exercise.
Improvement in the cold, &c.

PHOSPHORUS.

Aggravations on lying on the left side.
Morning aggravations.
Evening aggravations.
Improvement on lying on the right side.
Improvement during rest.
Improvement on application of cold water.
Burning pain of internal parts, &c.

In this manner every remedy should be sifted, and the result will furnish those characteristics by which *one remedy is speedily distinguished from another*. Many excellent cures can be accomplished alone with such brief extracts of each remedy, even in the absence of all special symptoms. Hahnemann's "Pura Materia Medica," "Rückert's Clinical Experiences," "Bönninghausen's Pocket-repertory," and all modern provings, furnish ample material.

Although it may seem easy to apply such extracts of symptoms in given cases, the difficulty is nevertheless great, on account of the imperfect statements of patients, who seldom furnish more than one or two general symptoms to which the above drug-generalities can be applied. But the following few cases, though they do not illustrate the above as well as might be desired, may, nevertheless, be acceptable.

Case 1. Miss N. S—d. \AA et. eighteen. *Blond and fair;* suffering from pain in sacral region, connected with too frequent and profuse menstruation; pain in the sacrum and lumbar vertebræ on pressure; great tiredness and *lassitude*; headache in forehead constantly; illness had already lasted

three weeks. Dec. 5, reported symptoms as follows: Always tired, particularly in the *morning*; *mental and bodily exertion*, reading, &c., increase the pain; is obliged to *lie down* a good deal. *Natrum mur.* 200, two doses, produced a marked improvement in three days; the menses have since then appeared at the right period, for the first time for more than a year.

Case 2. Miss H. A—s. *Æt.* twenty-six. Dark hair, blue eyes, spare habit, generally well; has been troubled for about four weeks with dull headache in *left temple*; *with nausea*, without vomiting; *worse in the evening*, and *after every exertion*. *Lachesis*, 30, two doses.

In a week the patient reports that she has had no headache since she took the medicine; feels only an occasional grumbling pain, without nausea.

Case 3. Oct. 27. Mrs. H—d. *Æt.* fifty. Dark complexion, large frame, generally well. After careful examination, proves to have pneumonia, clearly marked by all physical signs. The complaint had been standing for three weeks, in which time no treatment had been resorted to. Chief symptoms: Some fever; *much dry, painful cough*, *dyspnæa marked*; physical signs all most prominent *on the left side*. *Prescr.* *Phos.* 200, two doses.

Oct. 29. Marked improvement of all the symptoms; *dyspnæa*, *cough*, *pain*, had all vanished; patient could walk about the house, take a deep inspiration, and speak without stopping to take breath after each word. Was entirely well in a few days, without using another remedy.

Case 4. Oct. 8. Mrs. H—n. *Æt.* forty. Fleshy, of sluggish temperament, and living in very poor circumstances; had pneumonia for five weeks, without having had any treatment; sent for me when she thought she was dying. *Great pressure*, as if from a load on the chest; *dyspnæa particularly in the evening*; takes breath after every word; chills and cold perspiration; *no expectoration*; *pain in left lower chest* on inspiration. The physical exploration of the chest clearly evinced the stage and nature of the disease. Patient had been unable to assume a recumbent position for many days. *Prescr.* *Phos.* 200, in two doses.

Up to Oct. 12, all the symptoms steadily improved, the greatest relief arising from the loosening of the cough; but on Oct. 13, at 3 o'clock A.M., I was called in great haste, and found the symptoms extremely alarming. The softening of the hepatised lung had progressed so rapidly, that the loosened masses of pulmonary secretion threatened to suffocate the patient in a short time, in the absence of all power to cough. The rattling in the throat seemed like that preceding death: she could not lie down, and breathed only in a sitting position, and by bracing her hands and forehead against some firm support. Prescr. Camphor, fourth centes., a few drops in half a tumbler of water, two tea-spoonfuls every fifteen minutes: ten minutes after the first dose, she was able to cough up a great quantity of reddish-brown foamy phlegm, and continued to do so at intervals. In three hours, she could lie down and sleep; and the improvement went on perfectly and speedily from that time. Oct. 15, there was slight dyspnoea, and complete absence of expectoration. One dose of Phos. 200 was given, after which recovery was very rapid, so that the patient was quite well on the 21st.

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 TOWNELEY, LT.-COL. CHARLES, V. P. Royal Agricul. Society of England.
 VERNON, THE HON. AUGUSTUS HY., V. P. Royal Agricul. Soc. of England.
 VERNON, THE HON. WM. WARREN.
 WELLINGTON, THE DUKE OF, K.G.
 WELLS, WILLIAM, Esq., V. P. Royal Agricultural Society of England.

And

The PRESIDENT, VICE-PRESIDENTS, COUNCIL, and HON. SECRETARY of the British Homœopathic Society,
 Assisted by Mr. JAMES MOORE, M.R.C.V.S.

Secretary—RALPH BUCHAN, Esq.

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While, in this country, the general impression seemed to be that all remedial measures against the cattle-plague were unavailing, and that, in order to limit the extension of the disease, the only resource was the destruction of the affected animals, a report arrived from Holland, that a certain amount of success had attended preventive and curative treatment by the administration of homœopathic medicines. On investigation, this report appeared to be so well founded as to make it desirable that this method should receive a fair and full trial here. With this object, certain noblemen and gentlemen—not all of them homœopathists—have formed themselves into an association, together with the officers and council of the British Homœopathic Society, with the view of affording assistance and advice to those who might be desirous of obtaining information as to the mode of putting this treatment in practice. The great mortality which has characterized the disease in this country, and the admitted want of any authoritative guidance as to treatment, appears to offer a fitting opportunity for such intervention.

The directions now issued are not put forward as prescriptions which profess to be a certain cure for the disease. They are founded on a knowledge of remedies the action of which has been observed in man and animals both in health and disease, and which, in Holland and in this country, have already proved beneficial in the treatment of the cattle-plague. The disease may alter its type, and require a change of treatment; and more exact information may induce the medical section of the association to modify their directions from time to time.

DIRECTIONS FOR TREATMENT.

The following directions are intended chiefly for the guidance of non-professional persons:—

1. — *Preventive Medicine.*

ARSENICUM ALBUM. — Dose, ten drops of the third dilution daily, given in a tablespoonful of water. If a large herd is to be treated, mix twelve drachms in two quarts of water, and give one tablespoonful of the mixture for a dose.

This should be given to all cattle in the infected district and its neighborhood, and to all cattle which have been exposed to infection.

2. — *In Case of an Attack,*

Send for the nearest veterinary surgeon practising homœopathy, or one who will undertake to carry out the treatment. If neither of these is within reach, — *it being of the utmost importance to lose no time*, — as soon as the animal shows the first symptoms (which generally are *swelling and redness of the nostrils*; *hanging the head*; *alteration of the natural heat of the ears, horns, and skin*; *diminished appetite*; and, *in cows, redness of the vulva or bearing, and diminution of the milk*), give BELLADONNA, ten drops of the third dilution in a tablespoonful of water every two hours for twenty-four hours; and, if the animal gets no worse, continue this medicine for two or three days, or longer, — only giving the dose every four hours, or, as the symptoms decline, every eight hours.

3. — *If the attack increases in severity.*

Should *unfavorable symptoms* appear after this medicine has been given twenty-four hours, then give ARSENICUM ALBUM, (third dilution) ten drops every three hours. These symptoms are as follows: Great and irritating discharge from the nostrils; shivering, with alternate cold and heat of surface; great thirst; feeble pulse; loss of muscular power; inflammation and swelling of the eyes, with great secretion of tears; dribbling of mucus from the mouth, with red spots on the gums and roof of the mouth; foul breath; with or without great looseness of the bowels; slimy evacuations, with very offensive smell; tenderness and indications of pain in the belly.

4. — *Supervention of other Symptoms.*

If, during the course of the disease, the muscles of the shoulders and hind-quarters twitch and jerk, the animal has a staggering gait, and a paralytic appearance of the limbs on getting up, with vesicular spots, like small blisters, in the mouth and nostrils, give RHUS TOXICODENDRON, third dilution, ten drops in a table-spoonful of water every three hours, and, if improvement sets in, continue the medicine; if no improvement, after twenty-four hours, return to the ARSENICUM.

5. — *When the Lungs are affected.*

If the *lungs* appear to be more affected than any other organ, the breathing quick and difficult, with wheezing and rattling in the wind-

pipe and frequent cough, give PHOSPHORUS, third dilution, ten drops every three hours, for twenty-four, thirty-six, or forty-eight hours ; after which return to the ARSENICUM.

6.—*If Symptoms like “Hove” occur.*

If the animal appears as if “hove,” with oppressed breathing and groaning as the chief symptoms, give AMMONIUM CAUSTICUM, ten drops third dilution every two hours, till these symptoms abate.

7.—*For Weakening Diarrhœa.*

Sometimes, although the animal is recovering, a weakening diarrhœa continues, or sets in : give PHOSPHORIC ACID (third dilution), ten drops three times a day.

8.—*External Bathing and Washing.*

The nose, mouth, eyes, and vulva or bearing, to be washed three or four times a day with tepid water.

9.—*Diet: In the Acute Stage.*

Abstain from giving ordinary food, and give only gruels of oatmeal or other farinaceous substances. Grains and distiller's wash on no account to be given during any period of the disease.

In the Convalescent Stage.

Return very gradually to ordinary food. Hay and green food to be sparingly given.

10.—*Supplementary Directions.*

The greatest cleanliness, careful attention and nursing of the sick animals, are absolutely necessary.

Litter and dung to be frequently and carefully removed : the use of MacDougal's disinfecting powder is strongly recommended.

The farmer, or his bailiff, should superintend the giving of the medicines at the proper time, as cattle are often lost from inattention to this point.

A small horn for giving the medicine is sold by all homœopathic chemists : this should be kept very clean, and the horn used for giving the medicine to the sick beasts should be kept separate, and not used for any other purpose.

Great care should be taken to prevent any communication between the sick and the healthy animals. Animals that are recovering should be kept separate from the healthy, as the discharge from the nose, mouth, and eyes continues for some time, and may convey infection.

ADDRESS OF LORD BURY ON THE
CATTLE-PLAGUE.

WE have received from our friend Dr. Epps, of London, a copy of "Notes of a New Truth," a monthly journal of homœopathy issued by the English Homœopathic Association, No. CXIX. vol. x., December, 1865. From this journal we print the address of Lord Bury, M.P., which follows. It seems that the appearance of the cattle-plague in Europe has afforded an opportunity for the homœopaths to demonstrate once more the grand superiority of our system in the treatment of dangerous and malignant forms of disease.

At the weekly sitting to-day of the General Committee of the Norfolk Cattle-plague Insurance Association, an important address was delivered by Lord Bury, Treasurer of the Household, on measures adopted in Holland for the treatment of the rinderpest. Mr. C. S. Read, M.P., presided over the meeting, which was very numerously attended. Lord Bury said some information had come into his possession within the last two or three days of such importance that he felt it was only due to the committee to ask the chairman's leave to bring it before the meeting. It was reported, some time since, that the Dutch had been exceedingly successful in the cure of the rinderpest, and the homœopathic body decided on sending out one of its most distinguished members to Holland to investigate the subject. Dr. Hamilton was the gentleman requested to go out, and he was furnished with a letter from Earl Russell to the Government of Holland. He started on his mission last month, and he was put in communication with the burgomaster of Schledam, which was situated in the very centre of the district infected with the cattle-plague in Holland, and obtained from him the most authentic information. It was not only the homœopathic method of treatment which had been exceedingly successful in Holland, but the allopathic method had been exceedingly successful also. The information which he was about to detail would prove most conclusively, that the argument that the rinderpest was incurable was not to be sustained for a moment; and, if the facts which he advanced could be proved,—as he believed they could be,—they would knock on the head the absurd system on which we had now entered of killing every beast as soon as it was attacked, without making an effort to save it. About the middle of August, the Dutch Government became aware that the rinderpest had broken out in Holland. It first of all attacked a place near Rotterdam called Kethel. It was distinctly traced to a cargo of cattle which had been sent from Rotterdam to the London market, which had remained ten days in London, and which had then been sent back. On the

appearance of the disease, the Dutch Government immediately drew a *cordon sanitaire* for a considerable distance around Kethel. Agents and sentries were appointed to watch all the roads, and to prevent any movement of stock outside the infected district, which contains about two hundred and fifty square miles. The success of the *cordon* had been established by the fact, that, while within it about five thousand cases of the rinderpest had occurred, outside of it there had been only three cases. The Dutch Government were very particular in preventing the passage, not only of cattle, but also of dung, hay, straw, or any thing which could be supposed to have come in contact with diseased cattle. As to the general treatment of the disease, it was the expressed opinion of the Dutch veterinary surgeons that it was highly contagious; that it was communicated by direct contact, and even by approaching within a wave of air within a radius of about nine feet. They also said that they believed that it had been communicated, not only by hay and straw which had been brought into contact with diseased animals, but even by birds which had settled on diseased animals. Phenic acid, which had been hitherto used as a means of preventing decomposition, had been found in Holland of the greatest use as a disinfectant. Many of the veterinary surgeons in Holland believed that the disease was of a parasitic origin; and on that ground they tried phenic acid, and with considerable success. Holland was divided into one hundred and ninety-seven communes, and the Government appointed a veterinary surgeon to each commune. The veterinary surgeon of each commune had to account every week for the whole number of cattle within his district, having to state the number of cattle in it, the number attacked, the number dead, and the number cured; so that the most accurate returns had thus been secured of the progress of the disease. There was one fact which he could not help bringing under notice; viz., that although the movement of stock was entirely prohibited from one part of Holland to the other, yet the export of unsound cattle from Rotterdam to the London market was still continued, and was still sanctioned. In reference to the question put just now, he might state that no animals except horned cattle and those inoculated had taken the disease. It was found that animals treated in the open air yielded to the remedies applied much more readily than animals treated in sheds. The symptoms of the disease as they occurred in Holland corresponded in every particular with the symptoms which were described as being characteristic of the disease throughout England. Among the general preventive measures adopted, cowsheds were carefully cleansed and washed with gas-tar, carbolic acid and water. It was found necessary to be very careful with preparations of chlorine, as they affected the lungs of animals declared convalescent with respect to the rinderpest. Various other plans had been adopted in Holland. Creosote had been tried, but not with success; a stimulating treatment had been found to be injurious; and inoculation had been fatal in all cases. There had been treated altogether, in Holland, 4,700 cases of rinderpest; and of these 45 per cent had been

saved. This 45 per cent included the results attained with experiments made by the homœopathists: the latter dealt with a small number of beasts only, but they saved 75 per cent of those which they treated. There were 197 communes in Holland, and, of these, 71 were affected by the disease. All of them were enclosed within the *cordon sanitaire*; and, on the 22d of October, 25 of these communes were pronounced to be again free from disease. The total number of animals attacked up to Oct. 21, 1865, which was the latest return he had seen, was 4,798; of these 1,031 were killed, leaving 3,767, which were treated either by the allopathic or the homœopathic system of medicine; of these 3,767 animals, 1,276 were cured, and 1,671 died, leaving 790 at the date of the return under treatment. A considerable number of these 790 must have recovered, because the official statistics to which Dr. Hamilton had access stated the proportion cured to be 45 per cent. This return included the commune treated homœopathically, in which 72 per cent of the animals treated were cured,—subsequent returns bringing the proportion up to 75 per cent. The ordinary (allopathic) method of treatment had been most simple. The practice had been to dilute muriatic acid combined with linseed tea in one or one and a half drachm doses, given frequently, as much as five drachms per day, sometimes combined with gentian, tormentills, and ginger. It had also been customary to dilute sulphuric acid, combined with sulphate of quinine in equal parts. These were the principal allopathic remedies, and they saved 45 per cent. The external use of phenic (carbolic) acid, in the proportion of eighteen drachms of the acid to forty quarts of water, had also been adopted; the eyes, nose, &c., being washed with the mixture three or four times per day. Vinegar and tepid water had also been used. The external use of carbolic acid as a prophylactic has been attended with advantage. Rules of diet were very carefully observed; and the feeding of beasts with distiller's grains and refuse was prohibited by the Government, because it was found that it predisposed sound cattle to attack, while those which were attacked were invariably carried off more easily. From the great soreness of the lips and mouth, it was most difficult for an affected animal to eat; and it was found necessary to place food consisting of small quantities of hay and oil-cake far into the mouth by hand, by which means the vital powers were sustained during an attack. He now came to the homœopathic mode of treatment. [A laugh.] He thought he should be able to change the smile which he observed into a look of admiration before he had done. The details which he was about to state were offered by the homœopathic body to the Royal Commission just before their last sitting; and it was generally understood that the lay members of the commission were anxious to enter into them. No doubt, however, the commissioners had heard a vast amount of twaddle in the course of their inquiry; and the medical members of the commission, whose time was worth five or six guineas an hour, felt indisposed to enter into details of treatment with which, *prima facie*, they did not agree. He thought

they were wrong in rejecting this evidence, because no one could say what it was worth without hearing it. As, however, the Royal Commission had decided not to examine Dr. Hamilton as a witness, it became the duty of every individual to give as much publicity as possible to the facts. In Berkshire, and in some parts of Scotland, the same course had been pursued and the farmers and land-owners were being put in possession of the facts by other means than examination before the Royal Commission. In September, when the cattle-plague was raging in Holland, two Belgian gentlemen, M. Gaudy, a member of the Veterinary College, Brussels, and M. Sentin, a homœopathic chemist, offered to the Dutch Government, that, if a district were put under their charge, and they would not allow them to be interfered with, and would not require them to make a report until a sufficient number of cases had been treated, they would, on their part, give their services gratuitously, and try the system fairly. This was accepted by the Dutch Government, who agreed to give a commune up to the homœopaths, it being understood that the veterinary surgeon of that commune should be required to certify that every case that came under homœopathic treatment was an actual case of rinderpest. Matterness, the district assigned to the homœopaths, was a commune situated in the very centre of the infected district. The peasants and proprietors were somewhat prejudiced against the homœopathic system in the first instance, and did not enter cordially into the views of the homœopaths; but before the termination of the experiment they were greatly pleased with it, and gave every assistance in their power. At the commencement of the experiment, the proportion of cures effected out of the animals attacked was 70 per cent; but in the latter weeks the homœopaths saved nine out of every ten cattle which came under their treatment. Matterness was situated within a mile of Kethel, in the very centre of what had come to be styled the "black district;" so that the homœopaths did not enter upon their task under peculiarly favorable circumstances. They commenced it Sept. 22, and eighty beasts came under their care, each case being certified by the veterinary surgeon as one of actual rinderpest: of these eighty animals, sixty recovered and twenty died. Besides these, 230 beasts in the commune were put under prophylactic homœopathic treatment: 25 took the disease before the treatment had had time to work, but in the fourth week no fresh case had occurred; and, on the 21st of October, the commune was pronounced free from disease, and had remained free from that time to the present. A large proportion of the cattle attacked in the commune of Matterness had been treated by the allopaths before the homœopaths came into the district. In all, 189 cases came under treatment; eighty under the homœopathic system, and 109 under the other. As 73 cures only were effected, of which sixty were attributed in an official report to homœopaths, the balance was largely in favor of the homœopathic mode of treatment. To the 73 cured ought, however, to be added a portion of those still reported as under treatment, as some of them no doubt recovered. The reme-

dies which were employed by the homœopaths were Arsenicum, Phosphorus, Phosphoric acid, Rhus tox. and Sulphur. It was found that all cattle could not be treated alike, as every case had to be dealt with on its own merits. Mere details proved, he thought, that the disease was amenable to treatment, and that our plan of knocking on the head every animal which happened to be attacked was barbarous and unwise. [Hear, hear.] He observed by the Privy-Council return, published in the "Times" of Friday, that only four per cent of the animals attacked in England had recovered; and when they thought of the vast amount of property which was sacrificed by an ordinance which he could not but consider most tyrannical and unjust, as it ordered a man who had the misfortune to have a beast attacked to kill it without remuneration, the farmers of Norfolk would hardly be inclined to allow such a state of things to continue if they could help it. The homœopathic body felt that the statistics which he had quoted were of no use unless they were brought to some practical result; and if a veterinary surgeon were allowed to certify that each case assigned to them was one of rinderpest before they treated it, and if they had a sufficient number of cases to enable them to make a fair average, they would undertake that a competent veterinary surgeon should come to take the cases in hand; and a leading firm of homœopathic chemists had also agreed to give the necessary medicines free of cost. All this might perhaps be called empiricism, quackery, and nonsense; but if the farmers of Norfolk would only look into the facts of the case, he thought it would be satisfactory for the county and for their own pockets. [Cheers.]

DR. BIGELOW'S ADDRESS ON THE LIMITS OF EDUCATION.

IN a recent address before the Institute of Technology, under the head of "pseudo-sciences" are classed Alchemy, Palmistry, Astrology, Spiritualism, Homœopathy, and Mormonism; from which the author thinks "at the present day we have not much to fear." As for Alchemy, Palmistry, and Astrology, the contemplation of these subjects at the present time does not certainly seem fraught with danger. We do not clearly see how Spiritualism and Mormonism can be classed as pseudo-sciences. Is polygamy a pseudo-science? As far as homœopathy is concerned, we fully concur with the writer in his opinion that we have "not much to fear:" on the contrary, we have very much to hope from it. Has not the author himself long since, influenced more or less by this "pseudo-science," renounced his faith in drugs? Nor should those others lose courage,—that heroic few who stand ready, in a certain contingency, to lament the fate of the fishes. We have assuredly nothing to fear; and we venture to assert, that homœopathy has nothing to fear from the misrepresentation of it in this address. It has been persistently misrepresented by its opponents for half a century, and yet has steadily progressed, and is progressing still. The essay of Dr. Bigelow is, on the whole, admirable. It is remarkably broad, liberal, and charitable in tone. But we submit that it would have been still better, as it would have been truer to its general spirit, if the ungenerous fling at homœopathy had been left out. We say *ungenerous* fling; for all the world knows how much the dominant school, in its diminished dose, its infrequent bloodletting,

and in its improved treatment of patients generally, owes to the successful example of homœopathy. We do not expect generosity, however, until after we have obtained justice.

It is undoubtedly embarrassing to our venerable friends of the allopathic school to find so many of their pupils engaged in the practice of homœopathy. It is far from agreeable for them to witness the ready submission of so many of their friends, neighbors, and former patients to the practitioners of this "pseudoscience." Perhaps we ought not to expect them to bear these things as patiently as they do. But, among them all, we did not think to find the author of this address, in this respect, one of the least philosophic.

MR. GUELBERT has pointed out the fact, that, in choleraic diarrhœa, the tongue is flat, large, moist, whitish, and cold. In bilious or irritative diarrhœa, it is elongated, pointed, and more or less red at the sides and tip.—*La Revue Médicale*.

W. CRAIG, in a recent number of the "Edinburgh Medical Journal," relates three cases of cure of ovarian tumor, by means of saturated solution of chlorate of potass., in dessert spoonfuls, thrice daily.

CURE FOR ERYSIPelas.—We take from "La Revue Médicale" the following: Simple cerate, 10 to 20 parts; camphor, 1 part. Spread thickly over the affected surface. From the same journal, we find the old story of cure of cancer by acetic acid revived. The following is the formula: Citric acid, crystallized, 4 parts; common water, 359 parts. It relieves the pain of cancer instantaneously.

DR. GEORGE MACOMBER, a highly esteemed homœopathic physician of Melrose, Mass., died on Tuesday, Jan. 2, 1866.

A FEW weeks since, Dr. E. C. KNIGHT, of Waterbury, Conn., Secretary of the Connecticut Homœopathic Medical Society, met with a severe accident by being thrown from his carriage. It resulted in a compound and comminuted fracture of the tibia and fibula of the leg. At one time, serious fears were entertained as to his recovery; but we learn that he is now doing well.

WE shall have something to say in our next issue of the Hahnemannian Life Insurance Company. Meanwhile, we call attention to their advertisement, on the last page of the cover.

PHYSICIANS are requested to inform the editor of the "Gazette" of any recent changes of location, in order that they may be promptly arranged in Hall's New Homœopathic Directory, about to be published in Chicago.

THE publication of the first number of the "Gazette" has been necessarily delayed. Hereafter it will appear regularly on the 15th of each month.

THE NEW-ENGLAND
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No. 2.]

BOSTON, FEBRUARY 15, 1866.

[VOL. I.

SCARLATINA RENALIS.

BY CARROLL DUNHAM, M.D., OF NEW YORK.

Read before the recent Semi-annual Meeting of the Massachusetts Homœopathic Medical Society.

DURING the winter of 1864-65, there was, in this vicinity, a moderate prevalence of scarlatina, of not more than average severity. Three cases came under my observation, of which the following may be regarded as a representative:—

A well-grown young lady, thirteen years old, of healthy antecedents, after having been freely exposed to the scarlatina miasm, showed signs of illness. Her throat was but slightly sore, and reddened. The fever was moderate. On the second day, a slight redness on the anterior part of the thorax, resembling the first appearance of the rash, seemed to justify the conclusion of her physician and friends, that she had sickened with scarlatina.

I was called to see her on the third day of her illness, her attendants being alarmed by her apathy and great prostration, for which the very moderate fever symptoms seemed altogether inadequate to account. I found the fever and heat very moderate; the pulse about 80; and a little redness on the chest, forearms, and forehead, which was distinctly recognized as the scarlatina rash. The soreness of the throat had already passed

away. The countenance was sunken. There were dark rings around the eyes. The tongue had a thick, whitish, moist coat. The sensorium was unclouded; the intelligence, unimpaired. The patient lay quietly on her back, making no complaints except of great fatigue, and desire for rest. Respiration was free, but there was a very noticeable disposition to sigh frequently.

Assuredly, the prostration manifested in this case was much greater than the severity of the fever would have led one to anticipate in a patient who had always been strong and hearty, living under the most favorable hygienic conditions. She appeared to me to be suffering from the effects of some recent and severe drain. On investigation, I found that the urine—inspection of which had not hitherto been made—was very scanty, and of a dark coffee-color, and nearly opaque. On the application of heat, it became nearly solid. Examination with the microscope revealed blood in large quantities. The patient's mother stated, that, from the first day, the urine had presented this same appearance.

The convalescence of this patient was slow. She remained, for a long time, quite feeble and, in the third week, presented dropsical symptoms. The rash was never more fully developed than when I first saw her, nor were the throat and brain ever more seriously affected during the course of the sickness. She complained bitterly of lassitude and weakness, and became much emaciated.

Two other cases were seen by me during the winter, identical, in almost every respect, with the foregoing. They have suggested the following reflections:—

I. The fact that the kidneys are involved in, at least, many cases of scarlatina is well known; but it is usually held that this affection of the kidney occurs during the fading of the eruption and the decadence of the fever, when desquamation is commencing.

It appears, however, from these cases, that there may be an affection of the kidneys, dating from the very first outbreak of the malady; and that this affection consists chiefly, if not wholly, of a discharge of blood from the kidney.

II. It would seem, then, that whereas scarlatina has been divided into three forms; viz., a. *scarlatina mitis*: rash fully developed, and other symptoms moderate; b. *scarlatina anginosa*: the throat chiefly involved; c. *scarlatina maligna*: the nervous centres profoundly affected from the outset,—there should be added a fourth form; viz., d. *scarlatina renalis*, in which, from the very beginning of the sickness, the whole force of the disease seems to be expended on the kidneys.

This suggestion is not a new one. It is true, there is a general disposition to regard the renal affection as rather a sequel than a form of scarlatina; but Gregory says ("Eruptive Fevers," Am. ed. p. 168):—

"Dr. James Miller, in a work entitled, 'The Pathology of the Kidney in Scarlatina,' considers renal complication as an important feature in certain cases, even from the outset. He believes that the scarlatinal miasm fixes itself occasionally on the kidney as it does on the mucous textures of the throat; and that the development of this renal complication gives a character to the subsequent phenomena, leading more especially to dropsy and convulsion. These cases he proposes to distinguish by the name of Renal Scarlatina. The occurrence of bloody urine in certain cases of scarlatina proves that the blood-vessels of the kidney are sometimes highly congested. . . . The frequency of dropsy as a sequel in scarlatina, and its rarity in the secondary stages of smallpox and measles, admit of a satisfactory explanation on the pathological principle so ably illustrated by Dr. Miller."

III. The study of scarlatina, with reference to its medical treatment, has been much facilitated by dividing cases into groups, distinguished by the organ upon which the stress of the disease falls, and by distinguishing, among the remedies of the *materia medica*, corresponding groups of remedies which seem most likely to correspond to the groups before mentioned. Thus, a group of cases may present itself, in which the whole force of the disease seems to be expended upon the throat; and for which *Lachesis*, *Lycopodium*, *Mercurius* in some form, *Nitric Acid*, *Kali Bichromicum*, and *Chlorine*, suggest themselves as a corresponding medicinal group. In another group

of cases, the force of the disease may fall upon the nervous centres; and Belladonna, Stramonium, Opium, Hellebore, &c., suggest themselves at once to us. Or the skin may be pre-eminently affected; and this will suggest to us Aconite, Belladonna, Rhus, and other cognate remedies.

Now, it would be a practical aid to us to bear in mind that there is a fourth group, comprising cases that we are likely to encounter, in which the kidney is, from the outset, the organ chiefly affected. The group of remedies in which we are most likely to find the simile for a case of this kind comprises, among others, Turpentine, Cantharis, Arsenic, Apis, China, Carbo veg., and Phosphorus.

IODINE, AND IODIDE OF POTASSIUM.*

BY B. DE GERSDORFF, OF SALEM, MASS.

MR. EDITOR,—In your circular, you mentioned my name among those who would be ready to contribute to the first number of the “Gazette.” Although your call found me not prepared, and I can hardly flatter myself that it would cause any disappointment if I failed to respond to it, yet I am willing, so far as I am able, to contribute my mite to the good cause. After nearly twenty years of practice, I believe to-day more than ever in the homœopathic law of cure; although I have never lost sight of the various methods of practice in the old school, and have endeavored to follow the astonishing progress lately made in pathology and physiology. But it is particularly for the practical advantages of curing disease, that I adhere to homœopathy; and I consider it to be less a complete science than an art,—the very art of healing.

I have no wonderful stories to tell of an unparalleled success in difficult cases, nor have I to introduce a new remedy,

* This article was prepared for the first number of the “Gazette,” but was received too late for insertion.

the miraculous and manifold symptoms of which would fill a long-felt want in our *materia medica*. I cannot boast of having to record many, or, in fact, any of the *one-remedy* cases; nor would I, finally, intrude my views about the dose upon your readers. I will, at this time, merely relate my experience in the use of Iodine and Iodide of Potassium in cases of pneumonia and pleuro-pneumonia, this being the season in which these diseases most frequently occur. In 1860, my attention was first drawn to the use of these remedies, in the above-named diseases, during a visit in Prague, where it was my privilege to hear from Dr. T. Kafka personally, what he afterwards recommended so emphatically in his excellent treatise on acute lung diseases. Since then I have given Iodine a fair trial; and, in relating my experience in this remedy and its alkaloid, as advised by Dr. Kafka, I am happy, at the same time, to fulfil a duty towards him.

We have every winter in Salem, Mass., violent changes of weather,—of more than 36° of the thermometer, up and down, within twenty-four hours,—changes such as occur only on the New-England coast. The consequence of these changes is, that a great number of people of all classes and ages contract acute diseases of the respiratory organs, particularly croup, pneumonia, and pleurisy. My notes contain about forty cases since the year 1860, twenty of which occurred in the months of January, February, and March, 1864, during which months the changes of weather were more than usually violent. Intent upon trying the Iodine remedies, I had not to wait long for cases in which I found them indicated; for certainly there are symptoms enough in all the stages of pneumonia, from the first shaking chill to the last stage of resolution, which we find homœopathically exhibited in the provings of Iodine on the healthy. The result was, from the beginning and throughout, very encouraging. Of forty cases, there were about twenty-two which represented the character of true croupous pneumonia; that is, of the kind in which the presence of fibrinous coagulæ in the alveoles, and subsequent hepatization of the affected parts, are evident,—and in these cases, Iodine was given with good, and even striking, effect. In five or six

of the named cases, it was given as soon as the first *rhonchus crepitans* was perceptible, during the stage of engorgement; and no time was lost with Aconite, Bryonia, &c. The fever lessened at once; the pain in the lungs yielded perceptibly; the breathing became longer; the sputa, in one or two days, loose, and easily detached. In fact, Iodine was found to be evidently most curative for such symptoms as, directly or indirectly, were caused by a plastic exudation in the alveoles or the bronchial ramifications of the lungs. In the five or six cases of pleuro-pneumonia for which I prescribed Iodine or Iodide of Potassium, I found the latter more efficient than the former; as we find, indeed, in the provings, that the main sphere of action of the Iodide of Potassium lies in the mucous and serous membranes.

To this testimony in favor of the use of Iodine and Iodide of Potassium in acute lung diseases, I will subjoin the minutes of a few cases I have on record:—

I. Mr. B., superintendent of a railroad station, fifty years old, had been laid up with "a fever," since a week, when I first was called to him; and had been dosed freely with Calomel and Tartar emetic. The fever remitted in the afternoon: the patient had extremely troublesome ptyalism, ulcerated lips and tongue, and sordes to an uncommon degree; no cough, no pain in the chest, but great prostration, short breathing, and had to lie on his back altogether. On auscultation and percussion, serous effusion was found in the right pleura, and hepatization of the lower two-thirds of the right lung. Tart. emetic 3d did not improve matters much, nor Arsenicum 3d; but, on the use of Iodide of Potassium (grs. v. in half a tumbler of water, every two hours one teaspoonful), all the symptoms began to be more favorable. After twenty-four hours, the improvement was marked, particularly in the ptyalism and sore mouth; and the patient, from that time, slowly but steadily improved and recovered.

II. Miss N., eighteen years old, of slender form, was taken with violent chills in the night following an exposure on the ice, while skating: fever set in with pain in the chest, short, anxious breathing, then violent dry cough. Aconite, followed

by Bryonia, did not bring much relief. Next day, after auscultation, decided signs of beginning inflammation, the peculiar "creaking, leathery noise" of the middle and lower third of the right lung, were found to be present, also a very troublesome sore lip and chin; urine, high-colored and scanty. Prescribed Iodine 1st, fifteen drops in half a tumbler of water, every one or two hours one teaspoonful. Next day, cough less dry, though hardly any expectoration; less fever and less praecordial anguish, and easier breathing. From that day, the patient continued to improve; and an examination of the thorax showed a return to the natural state, without much if any hepatization, within five or six days.

III. Mr. R., twenty-seven years old, had had, three days ago, a violent chill, when I first saw him; since then, complains of great pressure on the chest, almost amounting to pain; respiration impeded, interrupted, imperfect, and rapid; pulse 110; urine scanty and red; frequent short cough, with expectoration of tenacious, yellowish matter, occasionally tinged with blood; troublesome "cold sore" on lips and nose. On physical examination, inflammation of the lower lobes of the right lung was diagnosed. The attack was caused by muscular over-exertion, and subsequent exposure to cold. Bryonia, and afterwards Phosphorus, were given for three days: the pain, shortness of breath, and fever lessened very little; hepatization began low down, while higher up, inflammation was going on. Prescribed Iodine Purum 1st, fifteen drops in half a tumbler of water, every hour; and afterwards, every two or three hours, one teaspoonful. In six hours from that time, improvement began in all the symptoms, and the subsequent hepatization was, it seemed to me, considering its extent, of an astonishingly short duration; while soon loose and round "sputa cocta" were coughed up, and the case ended favorably in a very short time.

These are the three most striking cases on my records. In each of them, the symptoms of croupous pneumonia, with tendency to plastic exudation were decided; and in each, by the use of Iodine, the process of solution, after hepatization had set in, or was expected to set in, was remarkably short. In

each case, and I found the same in some other cases treated successfully with Iodine, the so-called fever-sores, around and upon the lips, were a very marked feature.

CLINICAL EXPERIENCES IN RELATION TO THE DOSE.

BY HENRY B. CLARKE, M.D., NEW BEDFORD.

(Continued from page 9.)

FURTHER experience with *Arsenicum*. In the following case, the peculiar prostration characteristic of *Arsenicum* followed a dose of the sixth decimal dilution.

1853. Sept. 15. Mrs. T., *æt.* thirty, widow; of delicate constitution, blue eyes, brown hair; very weak and emaciated; has had chronic diarrhoea for three years. Is subject to an eruption which appears, once or twice a year, in red blotches,—sometimes with vesicles,—attended with burning and stinging. Under allopathic treatment, has had intervals of comparative relief, lasting, at the longest, two or three weeks: lately has depended mainly on laudanum or brandy, and perfect quiet. She has from ten to twenty stools every twenty-four hours, according to the excitement or exertion to which she is subjected. The stools are generally painless, though not always; are of natural color and smell, thin and watery, sometimes bloody and slimy. She is worse during the day, and from excitement or exercise. Prescribed *Arsenicum album* sixth,—a powder of about two grains,—night and morning.

Sept. 22. The patient reports that she took a powder at night on the 15th inst., without any apparent effect; but that, after taking the second powder on the following morning, she immediately became very weak, and for an hour and a half was completely prostrate, with cold perspiration, dark spots on the hands and arms, “the blood settled under the nails.”

Camphor was given, under which she gradually rallied. Her friends were much alarmed, and advised her to take no more of the medicine; but, feeling better of the diarrhoea the same day, she continued it according to directions. The second morning, there was slight prostration after taking the medicine, but none afterwards.

The diarrhoea is better: she has lately had but four stools, and they are of better consistency. Repeated medicine.

Oct. 1. Still improving. Repeated medicine.

This patient got entirely well without further medicine, gaining six pounds in weight in the first two months of her convalescence.

She has ever since been under my observation, and has continued well of this disease, excepting slight attacks during the summer months, which are uniformly relieved by Arsenicum.

In a case of severe bronchial disease, treated with Arsenicum, better effects seemed to follow the use of drop doses of Fowler's Solution, than doses of the third of Arsenicum album.

This case interested me greatly, as I feared phthisis would be developed; the patient's father, and two aunts on the mother's side, having died of this disease, while a brother had suffered severely from a persistent cough, and had been obliged to seek relief in a change of climate. My notes are too extended to be transcribed in full, but the essential facts are condensed in the following statement:—

1864. Nov. 19. Miss M. J. C., æt. twenty-nine, school teacher; lymphatic-nervous temperament, brown hair, blue eyes, medium stature; moderately plump in flesh. Three winters ago had an acute catarrhal attack, followed by a cough, which has continued ever since. It has been better in the summer; but, in the winter, she suffers from colds, and the cough recurs thereafter with increasing severity. Generally the cough is dry, frequently irritating, and seems to be caused by a tickling in the throat. In the evening after walking in the wind, it is attended by a sense of suffocation; by distressed breathing, with wheezing; and the expectoration at first of frothy and transparent mucus, afterwards of thick

yellow matter. In the morning, on awaking, there is a regular and severe paroxysm, with expectoration of thick matter, sometimes white, sometimes yellowish.

There is soreness in the right chest, and a pain extends through, midway, from front to back. This pain is very constant: it is made worse by sewing and confinement; it is not aggravated by movement, or by the cough (at least directly).

The physical signs are mainly of but negative value. There is bronchophony, with diminished respiratory murmur over the middle and lower portions of the right lung. There is no fever; digestive and other functions undisturbed, save that menstrual flow has diminished in quantity.

She received *Arsenicum album* third, which she continued to take with considerable relief and gradual improvement up to the latter part of December; at this time, feeling somewhat relieved, she delayed returning for her prescription, and was without medicine for some two weeks. She then took a severe cold, when her symptoms again became worse; and, on Jan. 7, 1865, she came to me complaining more than before of the pain in the right chest. I then gave her *Bry.* 10, without apparent effect; afterwards, the sputa having a sweetish taste, I gave her *Stannum* 4; and, to palliate the cough during severe paroxysms, I gave powders of *Ipec.* 10, mixed with *Morph.* sulph. 10,—an expedient to which I often successfully resort to allay the tedious cough of confirmed phthisis. Under this prescription there was temporary relief, but no decided improvement. I then tried *Ipec.* tenth, and several other remedies, among them *Arsenicum* third, for a short time, but without any success, save partial relief from the *Arsenic.* Feb. 11, 1865. The patient's strength was failing, and she was growing thin; there was fever, pulse 90 to a 100, night sweats. Gave *Iod. Pot.* tenth, ten drops three times daily.

Under the *Iod. Pot.*, the pain in the chest was diminished, the general strength improved. The cough when protected from the weather was better; but when walking against the wind she "almost lost her breath," and the paroxysms of cough, with distressed breathing in the evening, and those of the morning, continued bad as ever. The night sweats also

continued. Since taking the Iod. Pot., the sputa, which was formerly frothy, has become jelly-like, and has a saltish taste.

At this time,—March 18, 1865,—I gave her Fowler's Solution, in 3 drop doses to be largely diluted with water, once or twice daily. March 25, decided improvement is reported. Continued medicine. April 24, the paroxysms of distressed breathing no longer recur; cough is nearly well. Great improvement in the general aspect of the patient.

From this the improvement went on to entire relief.

This winter (in December, 1865), after taking cold, there was cough, and the old symptoms seemed inclined to return; but the same medicine relieved her at once.

The practical conclusions to which I have been drawn by my experience with *Arsenicum*, are these: Ordinarily, I prescribe the third or sixth decimal dilution, according to the apparent susceptibility of the patient. If these doses seem to aggravate any symptoms, or disturb the patient otherwise,—and they have sometimes seemed to do so,—without some substantial improvement, I abandon the medicine; for, in such cases, I have not found any advantage in the use of the higher preparations. If, on the other hand, no change occurs under their administration, I try a stronger dose, and frequently succeed therewith. My experience, however, would not justify me in naming any diseases in which, *à priori*, I should incline to a higher or lower dilution, unless I were to except, as a class, chronic cutaneous affections, when I should choose the stronger dose.

BROMIDE OF AMMONIUM IN PERTUSSIS.

BY W. T. OKIE, M.D., NEWPORT, R.I.

IN the "London Lancet" for September, 1863, Dr. Harley gives an interesting description of a number of cases of whooping-cough, treated with the Bromide of Ammonium. But, as yet, I have heard but little of its use in this country. To Dr. Gibb, the original experimenter with this valuable

agent in this disease, and to Dr. Harley, for the full report of cases successfully treated by its means, the profession is much indebted. That neither Drs. Gibb or Harley have too highly extolled its merits is a fact which will, I think, be acknowledged by all who may give it a fair trial. But, while I am willing to accord these eminent gentlemen all credit for their praiseworthy efforts, I may yet be allowed to differ with them in their therapeutic definition of the action of the Bromide, and the size of dose most favorable to a speedy cure.

That the exciting cause of the whoop is reflex irritation of the recurrent branches of the pneumogastric cannot be doubted; but when the statement is made, that the medical agent above mentioned "acts by inducing a semi-paralysis or partial insensibility of the glottis," I must be permitted to observe, that, so far as I have had an opportunity of testing its effects upon the healthy body, I have been led to form a directly opposite opinion; viz., that it has (when administered in either large or small doses) a *directly stimulating and irritant effect* upon the recurrent, pulmonary, and gastric branches of the vagi. The Bromide of Ammonium, used as a curative agent in pertussis, is in perfect consonance with that highest of all known therapeutic laws,— "*Similia similibus curantur.*" In the few opportunities I have had of testing its effects upon the body in health, I have found evident irritation of the organs of respiration and stomach follow its administration (in $\frac{1}{10}$ gr. doses repeated every two hours) in from twelve to twenty-four hours, accompanied with spasmodic cough, and, in several instances, a distinct whoop. I trust that some of our medical *confrères* located in our larger cities (where better opportunities present) may thoroughly "prove" this medicine. I would also suggest its use in obstinate cases of asthma, in which I believe it to be specially indicated; but have, as yet, had no opportunity of testing it thoroughly. Dr. Harley finds the most efficacious dose for children of from three to six years of age, four to eight grains, three times daily. I have found the cough to yield more readily to its agency in doses of $\frac{1}{20}$ to $\frac{1}{50}$ gr., administered every two or three hours. A case, occurring within the past week of my practice here, is

an evidence of its rapid curative effect in some cases. Ellen B., aged four years, good constitution, was seen by me on the 9th inst. She had then been suffering with severe cough between two and three weeks; commenced whooping about a week before, now had attacks of whooping three or four times within the hour. At times, the paroxysms were so violent as to induce fear, on the part of her parents, of suffocation. Prescribed $\frac{1}{20}$ gr. Bromide of Ammonium, every two hours. Between 4 P.M. on the 10th, and noon of the 11th inst., she has whooped but three times, then very slightly. On the 12th, it ceased altogether; and she is now, her mother informs me, perfectly well. Will not some of my homœopathic brethren give this remedy a trial? I feel anxious to hear the results of the experience of others, and the views they may entertain regarding its "modus operandi."

APOCYNUM CANNABINUM IN GENERAL DROPSY.

BY P. H. GALLINGER, M.D., CONCORD, N.H.

I WAS called, on the 29th of April last, to an adjoining town to see a case, that, judging from the account received from the messenger, was of a decidedly discouraging nature. I found the patient to be a married lady, aged thirty-five, of light complexion and delicate organization, suffering from the following train of symptoms: The abdomen was greatly distended from a dropsical accumulation, so much so that it was impossible for the patient to assume a recumbent posture in consequence of the pressure upon the chest. The breathing was hurried, and attended by a short hacking cough. The skin of the face and hands was also considerably distended, while the lower extremities were enormously enlarged. The action of the heart was intermittent and feeble, indicating organic disease, added to which, there was present a condition of extreme nervous sensibility. For fourteen days and nights, the patient had occupied a sitting posture, supporting herself on the edge

of a couch with her hands, on which sores had formed. She had been unable to sleep during this period, longer than five minutes at a time. It was ascertained that the patient had, from early girlhood, been in delicate health, having for years suffered from a condition of general debility, accompanied by severe palpitation of the heart. For some months she had been steadily losing ground: the heart symptoms becoming more urgent; the menstrual discharge excessive, and too frequent; the nervous system unusually sensitive; and the dropsical effusion involving the face, chest, abdomen, vulva, and upper and lower extremities; the urinary secretion being almost entirely absent. She had been under homœopathic treatment; her last physician kindly communicating to me the fact, that he had, during three weeks' treatment, administered Apis, Arsenicum, China, Digitalis, Lachesis, Rhus, &c., without obtaining any marked results, further than that the China had arrested the excessive menstrual discharge. The case seemed exceedingly discouraging, the friends having despaired of her recovery. Patient, however, appeared cheerful and hopeful; and, as she was urgently desirous that I should take charge of her, my consent was obtained, although I had little hope that treatment would prove more than palliative. Determining upon paracentesis, but not having a trocar at command, Arsenicum and Eupatorium Purpureum were prescribed, with the understanding, that, in two days' time, I would return, and remove the fluid from the abdomen. Accordingly, the operation was performed; and eight or nine quarts of thick yellowish fluid were drawn off, having an exceedingly offensive odor. This gave some degree of relief, yet the patient was unable to lie down. Digitalis and Eupatorium Purpureum were administered in the form of tincture, five drops of the former and ten drops of the latter, three times per day each, hoping thereby to excite the kidneys to activity. The nervous system was quieted by Ignatia, which acted like a charm. But, notwithstanding the means employed, the effusion into the abdominal cavity continued; so that, in ten days from the time of the first operation, it became necessary to repeat it. Some eight quarts of water were again removed, followed, as in the first

instance, by temporary relief. At this point, Erysipelas of the posterior part of the lower extremities set in, with gangrenous spots at intervals between the foot and knee, which was combated by Lachesis and Rhus, internally, with Tincture Ferri Muriat. as a local application ; Arsenicum, Eupatorium, Gelseminum, Helleborus and Pareira Braua, being prescribed from time to time for the dropsy. Without attempting to follow the various manifestations of the disease, or the change of remedies, suffice it to say, that, during eight weeks from the time treatment commenced, the operation of tapping was performed four times ; the result being the withdrawal of about thirty quarts of water, in addition to which an incredibly large quantity was discharged through openings made in the lower extremities by means of a bistoury. During this time, the Erysipelatous condition had been greatly improved ; but, notwithstanding the persevering use of Apis, Arsenicum, China, Colchicum, Digitalis, Eupatorium, Gelseminum, Helleborus, Lachesis and Veratrum Viride, inaction of the kidneys continued, and the main features of the disease remained unchanged.

At this juncture, my former Eclectic experience came to my aid, and it was determined to give *Apocynum cannabinum* a trial. The remedy was at first administered in doses of from eight to ten drops of tincture every second hour ; but when, after a week's experience, it became evident that no improvement had taken place, it was resolved to largely increase the dose, and carefully note its effects. In accordance with this determination, the remedy was given in half-teaspoonful doses, four or five times per day, which, after one week (the necessity for tapping having again arrived, and the quantity of fluid removed being about the same as at the former times) was increased to a teaspoonful. In a very short time, marked improvement was visible ; the urinary secretion became quite abundant ; the œdema of the bowels and extremities gradually disappeared ; the countenance assumed a more natural and healthy appearance ; the heart's action was considerably modified ; and, on the whole, the chances of recovery were greatly improved. From that time to the present, covering a period

of six months, more or less of the remedy has been taken every day, Arsenicum and Hydrastin having been used to overcome the condition of extreme debility that supervened upon the removal of the dropsical effusion. I visited the lady quite recently, and found her in the enjoyment of tolerable health, being able to perform light work of various kinds. She has a good appetite, and is free from dropsy, and gradually regaining her former strength. She seemed well pleased with the result of the treatment, and spoke of her intention to soon ride to Concord, which is twelve miles distant from her home. It remains for me simply to say, that, although improved, her heart difficulty still exists, and will probably sooner or later destroy her life. Aside from this, the cure is complete; and the result is certainly an additional proof, too strong to be overlooked, of the remarkable diuretic powers of the Apocynum. And, inasmuch as this drug has not been fully proved, would it not be interesting and profitable to know precisely its effects upon the healthy organism? The case that I have attempted to report had obstinately resisted all our ordinary remedies; yet it gently yielded to the influence of this drug, and achieved for homœopathy (perhaps some will be disposed to question the assertion that the treatment was homœopathic) a signal success, and gained for your correspondent a reputation that will greatly influence his practice for years to come. If the case had been of an ordinary nature, probably the quantity first administered would have been followed by curative results; but, owing to its severity and obstinacy, it required a largely increased dose. For my part, I can see no impropriety in thus resorting to large doses in desperate cases; and I sincerely trust, that the remedy may receive an impartial trial, at the hands of the homœopathic profession, in the treatment of diseases of a dropsical nature.

IDENTITY OF RINDERPEST AND SMALL-POX.

The attempt to establish the identity of cattle-plague and small-pox in England will certainly not fail from lack of energy and industry in investigation on the part of its advocates. The "Lancet" of the past week is full to repletion of matter bearing on this subject. The similarity of the two affections is proved beyond a doubt; the identity, however, is still to be established, and to establish this important point is now the objective aim of Dr. Murchison and his followers. A physician of Nantwich "had five cows, which he vaccinated on the first of January, four successfully, and one unsuccessfully; the latter he re-vaccinated, but, on the day following the operation, it was seized with rinderpest, which, in two days, proved fatal. The four cows successfully vaccinated are still healthy." A surgeon of the same town has vaccinated upwards of six hundred cows with great success. In a herd of ten, nine cows were successfully vaccinated. The tenth cow, in which the operation failed, took the pest, and died. The others remain well. Dr. John Brown of Edinburgh says, "Major Bruce informs me, that, in a farm in Aberdeenshire, there were seven cows took the true cow-pox last summer. Well, the pest visited the farm two weeks ago, and swept away all the other cows, leaving the seven unharmed." Other instances of a like result from the same measures are given, all of which tend very strongly to show the identity of the pest with human small-pox. *Per contra*, however, come in the observations of Dr. Bristowe, who remarks that "no one acquainted with the morbid anatomy of small-pox could fail, on examining cows dead with cattle-plague, to be struck with the close resemblance which exists between these two diseases, in regard to their morbid anatomy. Allowing for the absence from the human being of the first three stomachs of the cow, the descriptions of the internal lesions observable in the cattle-plague, might serve almost exactly for the descriptions of the internal lesions observable in small-pox. This fact struck me at the very first *post-mortem* examination of a cow on which I was engaged, before even I had any suspicion that there was an eruption on the skin at all resembling that of small-pox. But I have since then examined the cutaneous eruption very carefully in a good many cases; and I have no hesitation in asserting, that the eruption, though resembling superficially that of small-pox, is essentially different from the eruption of small-pox as that eruption has been known to me by observation and by reading, and is essentially different, too, from the eruption of vaccinia. I agree generally with the description of it which Dr. Sanderson has given. I've never yet seen a vesicle: I've never yet seen a pustule: I've never yet seen that destruction of the skin which, in small-pox, leads to pitting. It is quite certain that cattle-plague has a much closer resemblance to small-pox than to any other human disease with which we are acquainted; but resemblance and identity are two very different things. I incline decidedly to the belief that the two diseases are distinct, but I am very far indeed from asserting that they are so."

HOMŒOPATHY IN NEW YORK, AND THE LATE ABRAHAM D. WILSON, A.M., M.D.

WE are in receipt of a well-printed and unusually neat-appearing pamphlet, bearing the above title. It is an address delivered before the Homœopathic Medical Society of the county of New York, by Dr. John F. Gray. Aside from the noble tribute paid to Dr. Wilson, the address abounds in sage reflections and judicious criticisms, worthy of being read and remembered by homœopathists everywhere. Dr. Gray's remarks on the differences in our school in regard to the dose are so sensible, and withal so broad and charitable, that we desire to place them on record in the "Gazette." He says: —

"In my former discourse, I called your attention to the divergence of views respecting doses and dilutions, which arose in our little band soon after the accession of Dr. Channing; that is to say, about thirty years ago. Channing adhered to the later and latest practice of Hahnemann in this matter, at all times and in all cases, to the last; whilst the rest of us, after trying the question faithfully in a sufficient number and range of diseases, receded to Hahnemann's first method, *i.e.*, to the doses recommended in the first and second editions of the "Materia Medica." This difference must, I think, last a very long series of years. I neither arrogate for myself nor claim for my dear departed associates either acumen or merit of any kind in the premises, which I do not heartily recognize in Hering and the other many able and distinguished men of our school, whose observation and experience lead them to conclusions and practice very widely differing from mine, and from those of a very large majority of American homœopathists. My maxim and rule of life, since the earliest hour of my hard experience with brother physicians in this whole question, has been, "In certis, unitas; in dubiis, libertas; in omnibus, caritas." Of the large number of students who have graduated from my office, several of whom I have the happiness to meet at this festive board to-night, each one will testify to the entire freedom accorded to them on the question of doses, dilutions, and repetitions. Several of them, indeed, especially those who studied Hahnemann in the German, left me believers in his posology, and remained so for various periods of time. Of this class of my pupils, I now recall Drs. Hull, Metcalf, and Gilbert; and our present colleague, Dr. Quin. Neither Gram, Wilson, nor myself ever denied the efficiency of highly attenuated drugs; nor were we justified by our school of personal discipline in deriding the sincere convictions of others on any topic, either in medicine, religion, or political science: and, ac-

cordingly, the gentlemen who favored higher attenuations than we considered it best for us to use in our practice were ever as thoroughly and cordially recognized and consulted with by us as to choice of remedies, as were those who agreed with us in regard to doses. There ought to be liberty to differ herein; for posology is by no means, as yet, a positive science: he who thinks he has philosophic certitude in it to-day, may find grounds of skepticism before to-morrow's sun rises. Our characteristic of a homœopathist lies not in the dose, but altogether in this,— that he affirms the maxim in therapeutics, " *Similia similibus curantur* ;" and that, to enable us to find the needful analogy of likeness between drug-powers and diseased vital powers, we must test the drugs for this purpose on the healthy. We, moreover, expect him to deny the two fundamental assumptions of allopathy, namely: 1. That it is possible to *cognize the essence of life*, and to found on such cognition a scientific idea of diseased vital action; 2. That it is possible to *cognize drug-powers* in the same way, *i.e.*, by ontologic speculations based upon their physical appearance or chemical properties.

" As the whole of allopathy, excepting its empirical *tradita* (alone worthy of attention), is founded on these transcendental bases,— these two pure and mere assumptions, equally devoid of possible proofs,— we can conceive of no one being at the same time an adherent of the two schools. There can be no eclecticism in the elements of these two systems; no middle course between a method in the art of healing founded on purely scientific observation, and one resting, *ex professo*, on assumptions respecting life and power essences. These views, founded in and accepted from Hahnemann's great essay, " *Spirit of Homœopathy*," came to us in 1826-30; that is to say, to myself first, Wilson next, then to Hull, and lastly to Channing, in 1832, through the translation and commentaries of the good and great pioneer, Gram: and none of us ever deviated from them, or wavered in supporting true homœopathy."

We have space but for one more extract: the dangers which threaten, and our way through them are thus plainly set forth:—

" Pardon me, if, in assuming the privilege of age, I implore you to abolish the blatant shams which infest our school, and really imperil its existence; namely, mistranslations of the " *Organon* " and " *Materia Medica* ;" false or very defective provings; and the miserable imitation of the old-school monopolies in the teaching and graduation of students of medicine. Demand and produce from among yourselves lecturers upon the Institutes who can read the learned languages, and also, especially, the language of the " *Organon*," and who have enough of culture in philosophy to weigh and expound its Kantian technics and criticisms. You have such men already forming among you. Develop their latent forces, reward their industry, honor their acquirements, and put them quickly to their work. Your art is menaced,

sharply so, by your defective plan of education for those who are to succeed you, and by the very deficient teachers whom that plan too frequently appoints. Can a man teach homœopathy, who cannot read German ; or forensic medicine, who cannot read Latin, the language of that branch of the law ?

Away with shams ! Allopathy can sustain them, and live out her appointed time ; but homœopathy is akin to positive science, and all her methods demand correlative integrity in learning, teaching, and practising them : she must perish from the face of the earth, unless we adapt our system of degrees or licenses to her imperative requirements. In the early time, foreseeing in part these days of pecuniary prosperity to our school, Gram, Wilson, and I, worked with great diligence, in the medical societies of the State and in the legislature, to procure a reformation of the franchise or monopoly system of teaching students and of dispensing degrees ; but all our efforts fell to the ground. The college had the advantage of us in the universal prejudice against homœopathy which the suggesters of the palpably just and needed change professed ; and we were compelled to give up our agitation of the question, after almost achieving success in two consecutive sessions of the legislature, — a success which would have filled the profession with fine classical scholars, and, through a limitless competition, have given homœopathy a chair in every college of teachers, and a just representation in our army and in every hospital in the country."

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

MONDAY EVENING, JAN. 8.— SUBJECT: *Scarlatina.*

(*Proceedings reported by G. M. Pease, M.D., Secretary.*)

DR. T. S. SCALES, of Woburn, remarked, that, in the treatment of scarlatina, he was always in the habit of anticipating what may happen, rather than attending, in the treatment, to that which exists. Whenever there is dulness or stupidity, he has found satisfactory results almost invariably follow the use of opium. In those cases with throat complications, he has used *Alanthus* and *Phytolacea*, in the first decimal, with good success. In two cases of malignant scarlatina, he has used *Kali bicrom.* and *Merc. biniod.*, but with very little satisfaction. He has had some cases where he was in doubt as to its positive character, whether scarlatina or Diphtheria.

Dr. W. F. JACKSON, of Roxbury, wished to ask of the members, if they had noticed of late any more deposits in the throat than in years past.

Dr. I. T. TALBOT, of Boston, spoke of a case in which the desquamation was of a singular type ; the skin of the face and neck appear-

ing like a severe case of eczema,—cracking in places, and water oozing from the cracks. It finally came off well. He has had two or three cases which commenced with a Diphtheria sore throat, and a little rash, somewhat resembling scarlatina, but which proved to be Diphtheria. In the sequelæ, he has relied upon *Apis mel.* as much as upon any other remedy.

Dr. J. H. WOODBURY, of East Boston, said his experience was, that scarlatina has assumed a milder form for a few years past, and he has seen less angina complications. A short time ago he had three cases in one family, where the first appeared in the form of an ulcerated throat. In such cases he relies upon a solution of Chlorate Potassa,—gr. x to $\frac{1}{2}$ jv,—giving $\frac{1}{2}$ i at a dose. It removes the fetor of the breath, and cleanses the ulcers. For the sores on the alæ nasi he uses the same. For otorrhœa, following this disease, he uses an injection of Potass. Chlor., with the administration of Merc. biniod. (first centes.) For anasarca he gives Hellebore and Digitalis; and, in cases of the non-appearance of the eruption, the cold pack has been beneficial.

Dr. H. C. ANGELL, of Boston, has seen good results repeatedly, from *Zincum Met.*, in anasarca, following scarlatina. For the otorrhœa he employs the method of Mr. Yearesly, of London. The ear is carefully syringed with tepid water; the patient is then seated near a strong gas-light, in a darkened room, and, by means of a speculum, and a concave mirror to throw the light directly into the ear, the diseased surface from whence the discharge proceeds is perfectly brought to view. A few long fibres of dry cotton are now prepared; and, by means of a long slender forceps, a small bit of the cotton, without breaking the long fibre, is pressed directly on to the diseased part: upon this another small portion of the cotton is pressed, very gently; and thus, little by little, the meatus is entirely filled. This process of impacting the meatus with dry cotton, after cleansing with the syringe, should be repeated once or twice during the twenty-four hours, according to the profuseness of the discharge. The method is generally successful in chronic cases, where the discharge has existed for months, or years. In acute cases, frequently nothing more than cleansing with tepid water is necessary. The tendency in acute cases is towards spontaneous cure. He rejects the employment of astringents generally, on account of the liability of a suppression of the discharge, by this means, to be followed by an increase of the deafness. He mentioned also a case of Diphtheritic inflammation of the eye, which he saw at the clinic of Professor Graefe, in Berlin. It was characterized by considerable swelling of the lids towards the inner canthus. The conjunctiva in the same region was also swollen, and of the most intense redness. The patient was relieved by the usual antiphlogistic treatment of the old school.

Dr. JACKSON puts his patients into a cold pack when the eruption is backward in making its appearance. He sometimes uses the warm pack for the same purpose. For the otorrhœa he uses *Teucrium* as an injection, and for anasarca considers the Hellebore as one of the

best remedies. He is of the opinion that there have been of late very few cases of true Sydenham type of scarlatina.

Dr. G. M. PEASE, of Boston, considers the cold pack of great importance; and has never seen a single case of sequelæ following the free use of cold water about the throat. He considers Aconite, Belladonna, and Apis, as the best remedies in this disease.

Dr. D. THAYER, of Boston, in malignant cases in which the eruption does not appear, uses the cold pack. Has invariably used Arsenic in anasarca, and has never known it to fail but once.

[From *London Lancet.*]

DR. KIDD'S HOMŒOPATHY.

OUR faithful and orthodox readers may perhaps think us wavering; but we cannot forbear the expression of our satisfaction at the progress of homœopathy, and a feeling that we should scarcely be sorry if all the cows in the country belonged to Dr. Kidd. Dr. Kidd, it seems, has cows; and one of these caught the plague by grazing in a field adjoining a meadow where several cows had died a month before. The treatment of this animal by Dr. Kidd afforded the doctor an opportunity of a letter to the "London Times." One case, it must be admitted, can supply only an infinitesimal amount of experience; but we must take the doctor's letter for what it is worth, and get as much light from it as we can on the nature of those measures on which homœopathists rely. Homœopathy, according to Hahnemann, was a mystery only intelligible to mystics. In a homœopathic maxim which he said could "not be refuted by any experience in the world," he averred that the best dose of medicine was always the very smallest one in one of the high dynamizations. His favorite quantity, in his earlier days, was the decillionth of a grain,—a quantity which algebraists declare to be unprocurable, and which would require a mass of material for admixture larger than the earth itself. He lived, however, to think this dose too large, and to declare his decided preference for the mere smell of a drug, even if it were destitute of odor. "Olfaction" became his favorite remedy, both in acute and chronic disease. "I can scarcely name," he says, "one in a hundred out of the many patients who have sought the advice of myself and assistant during the past year, whose chronic and acute diseases we have not treated with the most happy results, solely by means of this olfaction."

Such was Hahnemann's homœopathy which has always been unintelligible to the uninitiated. Let us compare it with Dr. Kidd's, and our readers will then understand what we mean by the progress of homœopathy, and by our satisfaction at this progress. Dr. Kidd's cow that had the plague got the following things in the course of its treatment, each of which, for clearness' sake, we shall give separately, and much in the order in which they occur in the doctor's own narrative:—

1. One-tenth of a grain of arsenic every two hours, day and night, finally doubled, making one-fifth of a grain; by no means an impalpable dose that would escape the analysis of Dr. Taylor, as the medicine of the old globules did, seeing that our ordinary allopathic dose is one-sixtieth of a grain.

2. When the arsenic was doubled in quantity, the mysterious principle of alternation was had recourse to, and one-fiftieth of a grain of phosphorus added to the medicine.

3. The warmest and best-ventilated shed.
4. "Quarts of barley-meal gruel poured down" day and night.
5. Filled the shed with steam, and by the labor of four men converted it into a vapor bath.

6. The cow having calved, and thought to be dying, Dr. Kidd got them (the four men) "to pour down her throat four bottles of Barclay's stout in eight hours."

7. The cow being nearly dead, "but determined not to give her up, I ordered the gruel to be made with old ale, the bottled stout also continued."

Little by little she recovered. Dr. Kidd was rewarded for his perseverance by seeing the cow eat hay, and take bran-mashes, — by seeing the milk come, and the calf (for it was born alive) take the milk, and thrive on it; and, for aught we know, there has been no interruption in the convalescence. And shall we not rejoice with Dr. Kidd over his recovered cow? We shall and do. We are concerned indeed for the peace of Hahnemann. Could he but know that one of his most distinguished disciples had such vulgar notions of "high dynamizations" as is represented in the pouring-down, by four men, of these quarts of gruel, Barclay's stout, and old ale, in warm fresh air, and last and evidently least, in arsenic and phosphorus (not in your imponderable quantities, such as would be got in the smell of a lucifer match, but in highly appreciable and very heavy doses), — doubtless he might fear that experience had refuted some of his most cherished maxims. But, barring this consideration, how great is the progress of homœopathy! How it rises to sense and science! We could wish, indeed, that Dr. Kidd had told us confidentially his opinion as to the respective credit which these various measures are to have in the result: whether the fifth of a grain of arsenic and the fiftieth of a grain of phosphorus, which we shall put in one scale, or the air, warmth, gruel, stout, and ale, which we shall put in another, had most to do with the cure. It is due to the doctor to say, that the allusion to the medicines is mild and modest. The medicines subside beautifully in the narrative, and disappear in a scene of warmth and comfort and good cheer. But we seek information: which of these things was homœopathic to the disease? Would that all the poor cows had Dr. Kidd and his four men to attend them! We have heard of sad failures in the homœopathic treatment of cattle-plague. Which homœopathy was it, may we ask? Was it Hahnemann's or Dr. Kidd's; homœopathy, or allopathy in disguise?

The persistency with which the allopaths insist that our school should practise medicine precisely as our great founder practised fifty years ago is remarkable. While they do not hesitate on every occasion to inform us and the public of the great progress which they have made in practice within twenty years, the possibility, that, in homœopathic practice, the same or greater progress may have been made is studiously ignored. Are we to be compelled to administer medicines always by olfaction, because Hahnemann, at one period of his life, preferred this method? Nor is it to us a matter of importance which kind of homœopathy Dr. Kidd practises. He evidently takes the law, "Similia similibus curantur," for his guide, and administers under it such doses as he thinks proper. Hahnemann did precisely this, and all homœopathists do precisely this. Dr. Kidd's homœopathy is apparently the kind that cures the patient; and this is the right kind. He very properly administered stimulants; and, because they proved beneficial, it follows, by no means, that the medicines were useless.

WE have received from Dr. Mitchell, physician to the New-York Woman's Infirmary Association, the second annual report of that Institution. It is located on Washington Heights, 156th Street, and was incorporated in 1863. Its object is to afford to women an asylum, or hospital, where diseases peculiar to their sex can receive judicious homœopathic treatment. 154 patients were treated the past year. One-third of the beds in the Institution are free.

HOMOEOPATHIC MEDICAL DISPENSARY.—The Annual Meeting of this Institution was held at the Dispensary rooms, No. 3, Tremont Temple, Boston, on Wednesday, Jan. 10, 1866.

The Treasurer's report showed a prosperous financial condition. From extra dividends on its property the past year, more than a thousand dollars have been added to its permanent fund; and, besides paying all expenses, there is in the treasury about eighty dollars.

The Attending Physician, S. Whitney, M.D., reported that the number of patients treated the past year was 1,066.

The following Board of Trustees was elected for the ensuing year:—

Jacob Sleeper, Otis Clapp, S. G. Cheever, Isaac Rich, A. W. Farrar, F. P. Moseley, Samuel Gregg, Joseph C. Tyler, Joseph Story, S. Whitney; Alexander Strong, *Treasurer*; I. T. Talbot, *Secretary*.

THE following from a Wisconsin paper is important, if true. Perhaps the editor of the "Homœopathic Observer," who resides in (as it would be considered out West, we suppose) the immediate neighborhood of the occurrence, will investigate the matter for us:—

"Some six or seven years ago, a mad dog went through the village of Waterloo, Jefferson County, and bit a number of animals. Among others, it snapped at the leg of a cow belonging to Mr. Babcock. The animal was examined, but no mark was found, and it was supposed that it escaped being bitten. The animal was afterwards sold to a man by the name of Garrison, who used her milk very freely, as did two of his children. Some of the neighbors, including Mr. Drew's family, were also supplied with the milk of this cow. At different times during the time since the cow was bitten, there has been inexplicable and fatal sickness among those using her milk; and two children of Mr. Garrison's, two of Mr. Drew's, and two others, have been attacked with spasms, and died in great agony. Mr. Garrison has also been attacked, at times, with spasms. The mystery of this sickness was solved by the death, with every symptom of hydrophobia, a short time ago, of the cow so slightly bitten seven years ago, and in whose system madness had been latent ever since."

SCOPARIUM.—The most memorable example to my own mind of the good effects of Broom-tops, is that of a case in which I differed in opinion with a patient, and in which he was right and I was wrong. A poor fellow with slowly-growing malignant disease of liver and peritoneum, was taking, under my orders, this remedy for ascites, caused by the abdominal tumors. It still increased, and pressed upward the diaphragm so much that I wished the peritoneum to be tapped. He flatly refused, and so of course ceased to be a patient of mine. About six months afterwards I saw him again, for extension of cancer to the costal peritoneum (of which he shortly died); and, to my surprise, I saw his ascites was all gone. "Who has cured your dropsy?" "Oh! I have taken the broom tea ever since, and my belly went down in a couple of months, and has kept so." Now, a course of treatment under which ascites, dependent upon increasing malignant disease, can get well must have something in it.—*Dr. Chambers's Clinical Lectures.*

C. S. HALSEY, the enterprising pharmacist of Chicago, has just published a neat pamphlet, containing, in a compact and convenient form, a list with prices of all the various articles kept at his extensive establishment. He has in constant employment twenty-seven assistants.

A HOMOEOPATHIC Dispensary is about to be established in Troy, N.Y.

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[VOL. I.

TRACHEOTOMY IN CROUP.

BY I. T. TALBOT, M.D., BOSTON.

THE operation of opening the trachea in cases of obstructed respiration is one of the earliest on record, and was performed and described by Antyllus as early as A.D. 340; but it is only within the last twenty years that it has become of frequent occurrence, and of any practical utility in prolonging and saving life.

To Troussseau, the eminent French surgeon, more than all others, is due the credit of having improved the instruments used, and method of operating; and of demonstrating, by his practical success, the occasional importance of this operation.

The earlier surgeons performed tracheotomy by removing a portion of integument, about two inches long and three-quarters of an inch wide, dissecting away the areolar tissue, and, if necessary, removing the whole, or a portion, of the thyroid gland, so that the trachea would be freely exposed. Then, an oval-shaped opening was made into the trachea itself. Later, it was suggested, as an improvement, to make a longer incision, and use a watch-spring around the neck, with the ends properly bent, to act as a retractor, which would open the incision sufficiently to expose the trachea. To both of these operations, there were serious and obvious objections. The mucus ejected in the efforts of coughing irritated the surface

of the wound, and any attempt to remove it served to increase the irritation; so that, in a few days, the entire wound became ulcerated and very sensitive. But these objectionable operations were avoided by Trousseau, whose method consisted in making a simple incision into the trachea, and inserting a silver tube or canula, curved in such a manner as to be adapted to its position. Through this, so long as it is unobstructed, the respiration could be carried on without difficulty; but, if it became filled with mucus or pieces of membrane, the respiration was at once impeded. To remedy this, a still greater improvement was made by adapting to the interior of this another curved canula, which could be easily removed without disturbing the outer one when *in situ*. The theory of this operation is much more simple than its *practical* application, particularly in the later stages of croup. In these cases, the age of the patient is usually such as to increase the difficulty of any operation: the lax condition of the integuments about the neck; the amount of adipose and areolar tissue frequently involved, the irregularities of the thyroid gland and its attendant vessels, the violent muscular action accompanying the extreme dyspnœa,—all tend to make the greatest difference between this operation and the one usually explained to students in the dissecting-room.

The method of operating which I have usually adopted, and which does not vary materially from that of Trousseau, Guersant, Velpeau, and others, is as follows:—

I arrange three or four double canula tubes of various sizes; a common, a sharp-pointed, and a probe-pointed bistoury; a tenaculum, with a long point at right angles with the shaft; a pair of dilating, curved, and straight forceps; a small probang or soft sponge firmly attached to a flexible whalebone; several sponges, and some tepid water. Having etherized the patient, either on a bed or in a person's arms, let his body be slightly inclined and his chin elevated, so as to render the trachea tense. Carefully examining the position of the larynx, it is seized and held firmly between the thumb and finger of the left hand, while, with the right, the point of the tenaculum is passed into the trachea, just below the cricoid cartilage.

The tenaculum is then given to an assistant, to be held firmly in its position. An incision is then made through the skin, from the tenaculum downward, an inch or an inch and a half, according to the age of the child and the depth at which the trachea lies. The adipose tissue is then to be divided, and the areolar tissue may be separated with the handle of the bistoury, with the finger, or, very carefully, with the bistoury itself, as may also the sterno-hyoideus muscles, and the tedinous intersection of the sterno-thyroideus. If the isthmus of the thyroid gland is broad, it may be necessary to divide it with the bistoury, when care should be taken to ascertain if the occasional branch of the arteria innominata is present; and, if so, the greatest attention is requisite to avoid wounding it,—an accident which would probably prove fatal. If there is much hemorrhage, it must be arrested before the trachea is opened. Then insert the point of the bistoury into the trachea next the tenaculum, and divide the upper tracheal ring, and afterwards, with the probe-pointed bistoury passed into the trachea, divide, from within outwards, two or more rings. The dilating forceps are then introduced through the aperture, and held in the right hand, and the tenaculum is removed. Violent efforts of coughing, at this stage, usually expel whatever of blood, mucus, or detached membrane may be in the trachea. The incision should be sufficiently opened, and the light arranged so as to allow the careful examination of the inner surface of the trachea, and the removal with forceps of any partially detached pieces of membrane. The tube is then inserted into the trachea, between the blades of the forceps, and the latter withdrawn. The tube is kept in its place by a ribbon tied around the neck.

After the operation has been completed, and the trachea has become accustomed to the presence of the tube, the child will breathe easily, and will eat and drink freely. At this stage, I have rarely found stimulants necessary. The child will soon sink into a quiet sleep, which may continue uninterrupted for some hours. A small mass of thin gauze should be laid over the opening, to prevent the cold air from striking too directly upon the lungs, thereby causing lobular

inflammation. The inner tube must be frequently removed, and cleansed, by means of a brush, of such mucus as is forced into it in respiration ; and, whenever the child coughs, this tube must be so held between the thumb and finger, that it can be withdrawn during the expiration. In this manner, much mucus can be extracted which would otherwise collect, and impede respiration. During the first twenty-four or thirty-six hours, the patient is comparatively comfortable, but great care is required in attending to its wants ; for, as it is deprived of all power of articulation, it soon becomes annoyed and excited in its efforts to speak, if its requests are not readily understood. The tube must be frequently removed, cleansed, and moistened ; and, if there is any tendency to dryness of the mucus membrane, which may readily be detected by the cough, and character of the expectoration, small drops of tepid water may be allowed to remain upon the inner tube when it is returned. After the mucus has become thus softened, a drop or two of water allowed to pass down the tube into the trachea will cause coughing, and the expulsion of mucus. The system must be sustained by nutritious diet ; and Velpeau even goes so far as to insist on the child's eating as much as can be forced down, whether it desires it or not.

At the end of twenty-four or thirty-six hours after the operation, febrile re-action commences : the skin becomes hotter ; the pulse, stronger and more rapid ; the cough, more violent, with greater secretion of mucus. This is the crisis of the disease. If the secretions become less abundant ; the skin, dry ; tongue and mouth, parched ; pulse, wiry and rapid ; cough, frequent and convulsive ; the mucus, thick, dry, tenacious, adhesive, and of a yellowish-brown color,—all that remains for us to do, is to relieve, as much as possible, the wants of the little sufferer, till death shall set it free. If, on the other hand, the secretions increase ; the skin continues moist ; tongue, soft, and covered with a white coating ; pulse, full and strong ; cough, loose, with expectoration of shreds of membrane, and a whitish, thin, or clear mucus ; the face, though pale, is animated ; a free discharge of urine and occasional alvine evacuations occur,—there is very good reason to hope for a favorable

resolution. Great care will now be required: the tube must be kept free; and, if pieces of membrane or tough mucus are lodged in the trachea below the tube, they must be removed by curved forceps, or a piece of sponge attached to a flexible whalebone. Frequently, attacks of prostration will occur, which must be promptly met, either with beef-tea, wine to which sugar, egg, and a little milk is added, brandy and water, or camphor tincture dissolved in water. If there is much heat of the chest, with tendency to inflammation, great relief may be experienced by the external application of cold water to the chest. The heat of the room should be kept considerably higher after the operation than before, as the lungs do not now have the buccal cavity, glottis, and larynx to increase the temperature of the air before it reaches them. The free generation of steam in the room has been frequently resorted to, but I am not convinced of its utility. The evaporation of water, so as to prevent too great dryness of the atmosphere, is undoubtedly of service; while surcharging the air with steam is prostrating to the patient.

The occasional application, through the tube, of a weak solution (1 to 40) of the nitrate of silver, is often of great service in two ways: 1st, It coagulates the mucus, and renders consistent what had been a thin, glairy, or adhesive substance; and, 2^d, By the irritation of the throat, it excites violent coughing, which detaches the mucus and shreds of membrane, so that they are ejected often in considerable masses.

Having described the operation and the after-treatment, I propose now to consider,— 1st, Whether the operation of tracheotomy is ever advisable in cases of croup. 2^d, If so, at what period of the disease should the operation be performed? 3^d, What symptoms would lead us to give a favorable prognosis? 4th, What symptoms should prevent the operation?

1st. Whether the operation of tracheotomy is ever advisable in cases of croup. From statistics, so far as I have been able to obtain them,* I find that the operation has been performed

* These statistics were compiled in 1863.

51 times in Boston and vicinity, almost invariably in the last stages of the disease ; of these, 10 have recovered. In England, I find 22 recorded cases, with 8 recoveries, although, undoubtedly, the operation has been performed unsuccessfully a greater number of times ; while in France, where the operation is much more frequent, out of 269 cases occurring in nine years, in the Hôpital des Enfants Malades, 62 recovered ; and, in the private practice of M. Troussseau, whom we may call the champion of tracheotomy, out of 222 operations, 127 have resulted successfully ; making 207 cures in 564 cases, or about 38 per cent. These statistics are, I think, a sufficient answer to the query, whether the operation is *ever* advisable.

2d. At what period of the disease should the operation be performed ? There has been much difference among surgeons on this point. M. Troussseau, in his earlier papers on the subject, advocated its practice in the first stages of the disease, before the strength of the system is lost by the asphyxiated condition ; and there is little doubt but that his relative success was, in part, due to the fact of his operating thus early. But is it not possible, that, in his desire to save the patient *by* the operation, he saved many cases which would have recovered without it ? Indeed, I believe M. Troussseau is himself convinced of this fact ; for his practice has changed in this respect, and in his later papers he recommends waiting until we are convinced that the patient cannot be saved without the operation. The same is true of the present practice at the Hôpital des Enfants Malades. From my own experience and observation, I should decidedly advocate making this operation a *dernier ressort* for several reasons. 1. I should never perform the operation unnecessarily, not only on account of the severity of it, but also on account of the great care and attention required in the after-treatment. 2. There are many seemingly desperate cases of croup which yield to homœopathic remedies. I have several times been called to see patients in order to operate, if necessary, in which the continued administration of proper remedies has so speedily relieved the patient as to render tracheotomy unnecessary. In this respect, I am sure that homœopathy presents great advantages ;

and, if it is not advisable to operate in the first stage, under allopathic treatment, *a fortiori*, it certainly is not under homœopathic. And 3. I have seen, in the early operation in mild cases, a marked exacerbation to follow, with increased inflammation and pseudo-membranous exudation. For these and other reasons, I would defer the operation until certain that the disease must prove fatal without it; that homœopathic remedies cannot relieve the symptoms. I would also wait, if possible, till the inflammatory stage has passed, and the membrane has begun to be detached. Then, if the operation is performed, not unfrequently a large portion of the false membrane may be removed; and, after the insertion of the tube, the breathing may be easy, and obstructed only by mucus. Care must be taken, however, if there is much false membrane below the larynx, not to delay the operation too long; for, if a portion of the detached membrane becomes fixed in the larynx, so as to exclude air, the child will die of asphyxia, as has not unfrequently been the case with patients after the physician had strong hopes of recovery.

3d. What symptoms would lead us to give a favorable prognosis? From statistics of operations performed in 1856, in the Hôpital des Enfants, at Paris, it seems there were no successful cases under two years, while, over six years, 5 out of 9 recovered. A greater number of boys were saved than girls. Deaths occurred most frequently among those patients who had been reduced by venesection and depleting measures, and after any severe inflammatory diseases in which the lungs were involved,—such as pneumonia, measles, whooping-cough, &c. The prognosis will be favorable, then, in proportion to the age and strength of the child, its sex, the previous health of the child, and its freedom from disease, particularly of the lungs. If the disease has been quite rapid in its course, and the inflammatory stage has, to a considerable extent, passed away, without having seriously affected the lungs, the false membrane being principally confined to the larynx and trachea, the chance of success will be much better.

4th. What symptoms should prevent the operation? If the child is so young or feeble that it would not be able to make suf-

ficient effort to expectorate the membrane or mucus through the tube, the operation would be obviously useless. Also, if the child has been previously reduced by disease, or there is any organic disease of the lungs, which would preclude recovery, even if the croup were relieved; if lobular pneumonia of one or both lungs has already commenced; if the disease has been of comparatively long standing, slowly and steadily increasing in extent and severity, so that there is reason to believe that the false membrane already extends to the bronchia, and its ramifications in the lungs,—these, with some other complications, would render tracheotomy inadvisable; for, if the operation should be successfully performed, there could be no hope of ultimate recovery. The immediate relief afforded by this operation is often a great comfort to the friends, even though it afterwards terminates unfavorably; but I do not consider this alone a sufficient reason to justify the operation; and, in conclusion, I would say, that, unless the child is in a condition to obtain unremitting and careful attention, and the physician is ready to be in attendance, if necessary, day and night, the operation had better be left undone.

In the next number of the "Gazette" will be presented some reports of cases.

CLINICAL EXPERIENCES IN RELATION TO THE DOSE.

BY HENRY B. CLARKE, M.D., NEW BEDFORD.

(Continued from page 35.)*

Belladonna.—This medicine I have always found one of the most active and reliable of the whole *Materia Medica*. At the commencement of my practice, I was accustomed to use it, in ordinary cases, in the third and sixth decimal; but, by degrees, I inclined to a lower preparation, and, for a while, was

* In the last communication from Dr. Clarke, "tenth" or "10" should read one-tenth; meaning, of course, first decimal.

in the habit of giving the first and second. In this strength, however, it frequently produced its physiological effects. Latterly, I have used, almost exclusively, the third decimal; furthermore,—unlike my experience with arsenicum,—I have found, that, when disappointed in the results obtained from the third, stronger doses have done no better.

My experience with the thirtieth potency, although limited, and without much clinical value, has yet been satisfactory; and, added to the peculiar activity always manifested by this remedy, would lead me to prescribe it, in appropriate cases, with great confidence.

The two-hundredth I have used but rarely, and with negative results. The most striking instance of apparent curative action from this preparation, that ever came under my own observation, was in a case reported by my father, in the "Philadelphia Journal of Homœopathy," vol. i. p. 287. In this,—a case of menorrhagia, in a young lady of sixteen years, accompanied by great anæmia, dizziness, and pain in the head,—the relief from Belladonna 200 seemed very decided. The improvement, however, reported in the article referred to, was of short duration; and a second trial of the same remedy, under similar conditions, was of no avail. I mention this fact here, as bearing upon the claim that is often made by the advocates of high potencies,—that the curative results thereof are more permanent than are those of the lower preparations.

Bismuth.—My experience with Bismuth, which has been limited mainly to gastric difficulties, tallies exactly with that of Dr. Müller. Triturations above the first decimal have generally proved inefficient, while the crude substance has given me altogether most decisive and satisfactory results. The following case of gastrodynia is in point:—

A young lady, æt. twenty, of lymphatic-nervous temperament, dark eyes and hair, chloretic, subject to headache, palpitation of the heart, sense of faintness at præcordia; had attacks of gastric pain, which usually came on soon after breakfast, lasted from one to three hours, were sometimes of great severity, when they were attended by cold sweats and vomiting. I prescribed for these symptoms from time to time,

for about a year, with only occasional and partial relief. Bismuth 3 was given ineffectually. Crude Bismuth, in two gr. doses, before eating, relieved at once; and—as I have not heard from the patient since I gave her the second prescription of it, some three months since—I have no doubt permanently.

Another case, in which crude Bismuth was of marked efficacy was as follows: Mrs. E. J., æt. about thirty, mulatto, childless, tall, well formed, leads a dissolute life; drinks strong coffee, and smokes, but doesn't drink spirits. She first applied to me for a distressing feeling in the throat, of a pressing, choking character. It was doubtless hysterical, as she was weak and nervous, had leucorrhœa, too frequent and profuse menses; and had also bleeding piles. Platina, third decimal, relieved the symptom she complained of, and the menses became more regular. Afterwards, during the summer and fall, she came to me from time to time, complaining of a weak, sinking feeling at the stomach, which depressed her very much, physically and mentally. She also had pain after eating; a feeling as though she could not get a long breath; palpitation of the heart upon slight excitement or exertion; headache, particularly in the morning. For this group of symptoms, I prescribed for five months, with varying, but on the whole discouraging, results. Some improvement had followed the abandonment of coffee and tobacco, while Nux 1 and Arsenicum 3 had, at times, appeared to give partial relief. Still, the main symptoms continued to trouble and depress her very much, and she was getting thin, when, Nov. 28, I gave her Bismuth (crude) as in the other case. The relief was immediate and decided. At the date of my last prescription in this case, Jan. 29, 1866, she reported very much relieved; general health improving; is gaining flesh.

CASE OF SCARLATINA.

BY O. A. WOODBURY, M.D., OF NASHUA, N.H.

MR. EDITOR,—In reading the communication of Dr. Dunham on Scarlatina Renalis, in the February number of the "Gazette," I was reminded of a case which came into my hands in the summer of 1864, which, in some respects at least, corroborates the views of Dr. Dunham, although I cannot say positively that the renal symptoms occurred at the commencement of the acute stage, as I did not see the patient until some weeks after that stage had passed; but it is my opinion that they did.

July 1, I received a telegram requesting me to visit a patient in Milford, N.H. On my arrival, I received from the parents the following history of the patient,—a boy *aet.* ten years, nervous-sanguine temperament, of previous good health. About five weeks since, was attacked with scarlet fever,—as was supposed, in its mildest form. He passed through the acute stage of the disease very satisfactorily, with but slight affection of the throat; and all appearances indicated a favorable termination of the disease. But it was soon discovered, that, instead of gaining in flesh and strength, he gradually became weaker and more emaciated. His vitality seemed to be daily diminishing. Previously a very active boy, he grew listless, lost all interest in his pet animals, would lie upon the sofa all day, desiring nothing but "to be let alone." He felt tired, and had no relish for food. After the acute stage, his attending physician, Dr. L. W. Wilkins, of Milford, had himself been taken ill, and had not seen him for about two weeks, but had prescribed for him from the report of the parents.

After receiving this history of the case, I proceeded to examine the patient. I found him as stated, lying upon a sofa, presenting the appearance of extreme anæmia, much emaciated; pulse, quick and very feeble; tongue, pale and flabby, covered with a yellowish-white coat. A loud cardiac murmur

followed every exertion ; and, on assuming the sitting posture, he soon exhibited signs of syncope. In short, he was suffering from the effects of some severe drain. On pressure, I found there was tenderness of both kidneys. I inquired if he had recently passed water ; about half a pint was shown, which had been voided about one hour. It was very dark, and contained an abundant sediment of what I had no doubt was blood, and which afterwards proved to be so from microscopical examination. Urine of this character had been voided for some time.

He was immediately put upon Canth. 2, China 2; ten drops to ten dessert-spoonfuls of water, one spoonful alternate-ly every three hours, from 8, A.M., to 8, P.M., with a powder of Arsen. 3, at 7, A.M., and 9, P.M. This treatment was con-tinued one week ; Apis. Mel. and Phos. Acid were then sub-stituted for a week ; the third week, China and Phos. Acid were given. These remedies, with an occasional dose of sulphur, constituted the treatment. A generous diet was allowed as his tongue cleared and his appetite improved, and he was permitted exercise in the open air as his strength would ad-mit. He began to improve from the first day of the treat-ment ; the blood in the urine diminished daily, so that, by the second week, it had entirely disappeared ; his flesh and strength increased gradually, without a single hour of retro-gression, so that on the 30th of July, the date of my last visit, just thirty days from commencement of the treatment had elapsed. He was apparently as well as ever, had regained strength, flesh, and his natural sprightliness. Since his recov-ery, he has remained perfectly well.

URINARY CALCULUS IN AN INFANT.

BY D. R. POSEY, M.D., PHILADELPHIA, PA.

A MALE child, about nineteen months old, came under my care for treatment, with an obstinate attack of diarrhœa, which had become chronic.

The patient bore a pale, delicate appearance, and was somewhat emaciated, in consequence of the wasting effect of the disease. Teething was, in my opinion, the primary cause of this disease; and the scrofulous diathesis of the child had given it this peculiar character. The usual remedies for this condition were given, with good results. An attack of catarrhal fever, however, came on; and the child was being treated for this affection, when the mother called my attention to the fact that he had passed but little or no urine for thirty-four hours. He was very restless, uneasy, feverish, and seemed to be in a great deal of pain. Ischuria being a prominent symptom of Cantharis, I immediately prescribed it, and ordered locally heated cloths and warm water to be applied over the lower part of the abdomen, in hope of obtaining relief to the already greatly-distended bladder. The child being troubled with tenesmus of the bladder, with ineffectual efforts to urinate, Pulsatilla was given subsequently to the Cantharis. Finding no relief in the course of two or three hours, and as it was evening, I suggested to the family the propriety of having some surgical advice in the case, inasmuch as phymosis, from swelling about the penis, had resulted; and great danger existed of the bladder becoming over-distended. It was absolutely necessary, also, for the organ to be evacuated. The father of the child summoned Surgeon Bushrod W. James. Upon his arrival, the phymosis was soon relieved by a free incision of the prepuce, by a curved bistoury and a grooved director. This, however, afforded no relief, a very trifling portion of urine only escaping. A small-sized gum-elastic catheter was passed into the urethra, but, strange to say, met with an obstruction about the prostatic portion. A smaller gum catheter, both with and without a stylet, was then used several times, but would not pass the apparent stricture at this point. He did not feel warranted in using any great degree of force in attempting to pass the catheter, for fear of making a false passage. I noticed a slight escape of urine, in his efforts to introduce the instrument, showing, that, beyond this one obstruction, no difficulty was to be apprehended. The bladder could not be reached. He remarked that the case was a most

peculiar one. There seemed to be a constant spasmoidic constriction of the urethra at the point named, and yet the touch of the instrument was as though it was pressing against a solid body. Having no small silver catheter or sound with him, we concluded to leave the case temporarily until a suitable instrument, for making a further attempt to get through the seemingly constricted portion of the urethra, could be obtained. Upon his return, and just as he was preparing to resume catheterization, the child passed a hard calculus, as large as a medium-sized pea, after which the urine flowed freely and rapidly until the bladder became much softer to the touch, and the swelling in the supra-pubic region considerably diminished. But, before the organ was entirely evacuated, the flow of urine suddenly stopped. There being now no fear of over-distention of the bladder until morning, warm applications were ordered to be continued locally over the abdomen and Cannabis Indica given internally. Before our arrival in the morning, the child passed considerable sand, in particles from the size of a pin-head to that of fine dust, and then a large quantity of urine. Since that time, no difficulty from this source has arisen, and the child is now well and robust.

CASE OF TYPHOID FEVER.

BY TEMPLE S. HOYNE, M.D., CHICAGO.

ON the 17th of September last, I was called to see Miss P., a young lady of light complexion, æt. sixteen. For more than a week she had been complaining of great lassitude, dull headache, chilliness, followed by fever, with great thirst, loss of appetite, constipation, and suppression of the menstrual flow. A few days before my visit, she had nose-bleed freely several times. Her pulse was quick, but feeble; her tongue, white-coated, with a red tip. Left Puls. 3, four drops in half a tumbler of water; a teaspoonful every hour.

Sept. 18. The patient was worse; regarding this as an aggravation caused by the medicine, I filled up the tumbler, and ordered a teaspoonful every three hours.

Sept. 19. No better,—not disposed to talk,—indifferent to things going on about her. Diarrhoea set in with whitish-gray stools; cutting pains at times in the abdomen, tenderness on pressure, borborygmus, and eruption on the abdomen. I felt no hesitation in pronouncing the case to be typhoid fever. Phos. Acid 3 was left in water, to be given every hour.

Sept. 20. I found the patient about the same; continued the medicine.

Sept. 21. She had some delirium during the night; otherwise the same. Left a saturated powder of Bell. 3, to be given if she should again become delirious. The Phos. Acid was continued.

Sept. 22. Patient was sleeping soundly when I entered the room. She was decidedly better, and talked quite rationally. During the night, she was quite delirious, but, after taking the Bell. powder, slept quietly. Stools less frequent. Continued the Phos. Acid.

Sept. 23. I found her about the same; has had only two passages for the last twenty-four hours. Medicine continued.

Sept. 24. Diarrhoea entirely checked; she has had no stool since yesterday. The patient continued to improve from this date, with occasional delirium, which was always controlled by Bell. 3, one dose. Oct. 7, the patient was able to walk out. I was led to the use of Phos. Acid in this case from the following well-marked symptoms: general weakness, not disposed to talk, indifference to everybody and every thing, whitish-gray stools, and frequent emissions of urine.

I used Bell. 200 in a case of typhoid fever some time ago, with marked aggravation of the delirium. Opium 3 controlled the delirium after the second dose.

IS ASIATIC CHOLERA CONTAGIOUS ?

Measures proposed for the Prevention of Asiatic Cholera in Providence. By E. M. SNOW, M.D.

A Report relating to Asiatic Cholera, to the Board of Health of the City of Providence. By E. M. SNOW, M.D.

Tracts for the People, No. 1. By E. M. SNOW, M.D.

City Document, No. 21; on Asiatic Cholera. By WM. READ, M.D., City Physician, Boston.

Whether Cholera is Contagious. By JACOB BIGELOW, M.D. A Communication to the Boston Medical and Surgical Journal.

UNDOUBTEDLY the majority of the medical profession in this country believe in the non-contagiousness of Asiatic cholera ; while, in England and on the Continent, it is quite probable that the greater part of those who hold decided views on the subject believe exactly the reverse ; that is, that Asiatic cholera is, in a greater or less degree, contagious. Considering that the question is, to say the least, a doubtful and an undecided one, and, as such, is usually treated by writers with great care and circumspection, the views of the author of the first three pamphlets mentioned, strike us as surprisingly positive, and, after the speculative and uncertain character of cholera literature generally, as surprisingly novel and refreshing. Thus the author remarks : —

“ I have myself, in two epidemics of cholera in this country, seen a great number of cases of the disease, and have carefully observed and studied its causes and progress ; and I may say, in common with many others who have made similar observations, that *we know* that cholera is not contagious.” The Italics are the author’s own. Of course, *knowing* all this, he could hardly be expected to look upon quarantines, as a precautionary measure, with favor. Here is a sample of the writer’s style, as applied to quarantines. He says, “ If not a single vessel should arrive in our ports during the next five years, it would not make a single day’s difference in the presence or absence of cholera, as an epidemic.” This means, taken in connection with his remarks elsewhere, that he is certain that quarantines are useless ; notwithstanding, if we were a citizen of Providence, without attempting to decide as to the correctness of Dr. Snow’s views, we would prefer that vessels with Asiatic cholera on board should not be allowed to bring the disease into the city. Theoretically speaking, it could not spread, unless the atmospheric condition were favorable ; but, judging from the accounts which come to us from the Mediterranean, the air seems, curiously enough, to be almost

invariably in a proper condition to convey the miasm whenever an infected ship arrives at a given port.

If the quarantine in Providence in 1832 did not prevent the introduction of cholera, and if it has failed in a score of other instances, the facts cannot be said to warrant the conclusion that quarantines are always useless. If very many people were exposed to cholera in Providence through contact, and yet did not take the disease, it is pretty bold logic to draw therefrom the inference that cholera is non-contagious. A quarantine may not always be strict. The cholera may be contagious, and yet be but slightly so; or it may be contagious only to such persons as happen to be susceptible from some mental or physical condition, of which we at present know nothing. In fact, there is much to favor the supposition that cholera is contagious, and that quarantines may be useful.

Dr. Bigelow, in his communication, also regards cholera as non-contagious. We notice, however, that he remarks in commencing, that, in common with a majority of medical men, he believes, that, "as a general law," cholera is not contagious. This is a cautious expression of opinion, and would seem to court the deduction, that, exceptionally, he believes it may be contagious.

Dr. Read takes the ground that cholera is contagious, and presents some very strong testimony to support his position.

One rather remarkable instance of the apparently contagious nature of the disease he does not mention. It is the communication of Dr. Althaus to the "Medical Times and Gazette," November, 1865. Dr. Althaus states that the disease has been imported into the very heart of Saxony; no cases having as yet appeared in the larger cities of Germany, like Berlin and Vienna. It was brought by a few travellers who left Odessa some weeks since, when the cholera was at its height there. The gentlemen having arrived at Altenburg, one of them became ill and died, with all the symptoms of cholera. Several inhabitants of the place were then seized, fell ill, and died of the same disease. It then spread to Werden, a place connected by railway. Up to October 20, there had been 149 cases at the latter place; 52 of which were fatal. He closes his letter by remarking that "this insulated outbreak of cholera in a previously healthy country, and which is clearly traced to persons coming from a centre of affection, must prove an important link in the evidence already accumulated to prove the contagious nature of this disease."

The observations of British officers in India, that cholera was not more liable to attack the weak and those in ill health than others, tend to lessen the probability that the air is the medium of conveyance for the cholera virus. The mass of facts is, on the whole, favorable to the theory that the disease is contagious. Against this, however, are the observations such as these: that a vast majority of those exposed, escape attack; that persons have not unfrequently shared the bed with the cholera patient, with impunity. Physicians and nurses are not, as a general rule, more liable to seizure than less exposed persons. Cholera sometimes breaks out in different parts of

a city or country simultaneously, rendering the theory of propagation by contact very improbable. In its course, it frequently avoids the greatest routes of travel, choosing less frequented ones, and sometimes moves very slowly, as if the intercourse of people had no influence whatever upon its propagation. It chooses its own point of attack, often passing by places which would seem to be equally exposed with those which it so mysteriously selects.

On the other hand, and in favor of its contagiousness, are the innumerable instances similar to the one observed in Saxony by Dr. Althaus, of its being carried by individuals directly from an infected region to one previously healthy. It usually commences in countries at a large seaport, and can frequently be traced to a ship freighted with the pestilence from another port infected with the disease. It has been demonstrated in the Parisian hospitals, St. Antoine and St. Louis, that isolation of the cholera patients prevents the extension of the disease within the walls of the hospitals.

When it occurs on board vessels at sea, it is invariably on those recently from seaports where the cholera was prevailing at the time of their departure.

It moves just as frequently against as with the prevailing winds, and, in the interior of countries, follows the rivers and the great highways of travel.

We are forced, therefore, to the conclusion that the question whether cholera be contagious is yet unanswered, but that the weight of testimony is the more favorable for those who hold to its contagiousness. Some wise individual has remarked that doubtful things are very uncertain. Applied to the origin and propagation of Asiatic cholera, the remark is strictly apropos.

Fortunately, there is great unanimity of opinion in regard to the measures to be taken to hasten its departure, and to prevent its spread, when it does come. Contagious or non-contagious, we have for it a certain antidote which we may use if we will; and this antidote is cleanliness.

[Communicated.]

HOMŒOPATHIC ORGANIZATION.

MUCH of the rapid progress made by homœopathy in this country is due to the early formation of fraternities, societies, and institutes, in which members vied with one another in efforts for the advancement of this science. In 1841, *five* persons, the entire number of our school in New England, united, and formed the nucleus which has grown into the Massachusetts Homœopathic Medical Society. In 1843, the American Institute was established; and, up to 1860, held its interesting annual meeting, which brought together physicians

from various parts of the country, made them acquainted, and gave them a personal and common interest in the cause and its advocates. Other societies have been organized, and have done efficient service ; but no comprehensive system of county, State, and national organization has yet been attempted.

It is estimated, that there are, in the New-England States, about five hundred, and, in the United States, between four and five thousand, homœopathic practitioners. Nearly all of these are in active and extensive practice, among a class of persons distinguished for intelligence and mental culture. The advocates of homœopathy were never more rapidly increasing in numbers than at the present time ; and yet, for the lack of properly organized efforts, how signally has homœopathy failed to obtain the public recognition to which, as a science, it is entitled ! In the gigantic war just closed, out of the thousands of physicians required, not one has been employed as a homœopathic physician ; while, to the hundreds of thousands of soldiers sick in camps and hospitals, Government has not furnished a single dose, as such, of homœopathic medicine.

"Tis true, a negative advance was made in forbidding the use of mercury and tartar-emetic ; but how slight is this compared with the great progress which the proper administration of specific and positive medicine would have accomplished ! Then, in our public institutions, — our hospitals, dispensaries, asylums, almshouses, &c., — how little progress have we made in obtaining entrance for our principles, and furnishing beneficent treatment to the unfortunate inmates ! It is not that the friends of homœopathy are not interested in these matters, nor that physicians of this school are wanting in public spirit, or are unwilling to make sufficient sacrifice for the advancement of its principles and the extension of its benefits to all classes. It is simply that there is no combination and direction of the individual power towards accomplishing the end we all so much desire, and for which we would all be willing to earnestly labor. Our colleges, our hospitals, our dispensaries, and our journals are, all of them, in a much more feeble and languishing condition than they would be, if we were to bestow upon them any considerable portion of the patronage we can command.

But how shall we best obtain and direct this needed power ? This can only be done by organizations having for a common object the improvement and advancement of homœopathy as the true science of medicine.

Our physicians should get together in every town or county in which there are three or four of our faith, and form a society to meet regularly ; and its members, forgetting any personal or private differences, should jointly and earnestly labor for the diffusion of the knowledge of our principles. If the history of the past is of value, such societies, properly conducted, would rapidly increase in size and importance. Then, in every State, there should be a society, incorporated with all the rights and privileges which the State ever grants to such bodies ; and it is proper that the State should confer great and valuable

privileges and immunities upon a class of men who are continually risking, and often giving, their lives for the benefit of the community, in which they reside. This society should be a representative body when there are a sufficient number of local societies. It should meet annually, or oftener if practicable, and should take into consideration the medical interests of the whole State ; and it is but just, that, in those matters which pertain to the welfare of its people, the State, as well as the physicians, should bear an equitable portion of the expense.

But organizations should not stop here. State lines should not restrict the frequent conferences of members in one common profession ; and a system of inter-State delegates and corresponding members should be extensively carried out between the various State as well as county societies. But, further than this, there should be institutes formed embracing States lying contiguously, at whose sessions the members of the profession in all of these States shall be free to meet, and exchange ideas and experiences, and collectively exert an influence, by social and professional intercourse, which even State societies could not attain. This intercourse gave a powerful influence to the former meetings of the American Institute ; but, as the number of our physicians increased from hundreds to thousands, the wide extent of territory rendered it impracticable for any considerable portion of them to meet annually at any given place. Accordingly, the Western Institute was formed ; and the force and vigor already exhibited in its two sessions give promise of a still greater power yet to be developed.

Would it not be well to form an *Eastern* Institute, including all those States east of the Alleghanies, not in opposition, but in entire harmony and friendliness with the Western Institute, so that the members of each might be corresponding or co-ordinate members of the other Institute ? But it may be said, that the American Institute already formed, by holding its sessions in the Eastern section, would meet this want. The objections to this plan are obvious. While it retains so large a number of members scattered through the West, it becomes necessarily a rival society, to foster jealousy and ill-feeling, which would be entirely removed by the observance of geographical lines.

What, then, shall be done with the American Institute,— the oldest national medical institute in the country, if not in the world ? Shall we give it up, and let it pass into history ? By no means. It has well performed the part of parent, fondling its nursling societies till they have grown to manhood ; and it must now occupy a still more important position.

In a great and growing nation like ours, there is need of an extensive national organization, so constructed that it can take cognizance of all questions of national importance, which may from time to time arise in the profession. The American Institute, as at present organized, cannot do this. The great majority of members present at any of the sessions live in the immediate vicinity of the place of meet-

ing ; and, if we look over the transactions of the various sessions, we shall find that they are of but little more value to the profession at large than the proceedings of any State or even county society might be. Now, in order to give this Institute a national importance, it is essential that it should be a representative body ; and that the homœopathic profession in all portions of the country should be equally and properly represented by delegates. Then before this body — really a Congress — would properly come subjects of the gravest importance to the profession, such as no smaller body could assume to act upon. There are the vast subjects of the *materia medica* and *pathogenecy* which should command the combined labor of hundreds of our most able members ; therapeutics and clinical medicine, including investigations of the ever-recurring zymotic diseases and the occasional and wide-spread epidemics ; surgery, which, under the lights of the homœopathic law, presents new and valuable improvements ; and lastly, under the head of general organization, to be considered by this Congress, come the various subjects of medical education, colleges, hospitals, dispensaries, pharmacies, medical journals, institutes, societies, medical ethics, &c., &c. Now, to go over this extensive ground is not the work of a day or two, but would require, with careful division and arrangement of labor, a session of at least ten days or two weeks. And this is a work which would not require annual repetition, but, once well done, would not need revision oftener than every three or five years, at which time the Congress should meet again.

At the session of the American Institute, held last year at Cincinnati, some such plan was inceptioned ; and bureaus were appointed to have charge of and consider some of the subjects named above. A proposition was also submitted in relation to delegates ; and at the next meeting of the Institute, to be held at Pittsburg, June 6, 1866, it is to be hoped that this body will take such action as will place it upon the higher plane which seems already awaiting it. *

[Communicated.]

THE HAHNEMANNIAN LIFE INSURANCE COMPANY OF THE UNITED STATES.

MOST of our readers are aware, probably, that, last year, one of the English life-insurance companies, after careful examination of statistics, became convinced that they could insure the lives of persons using only homœopathic medicine, when ill, at a lower rate than of those who resort to other methods of treatment ; and they arranged their rates of insurance accordingly. Based upon the same principle, there has been incorporated and established at Cleveland, O., an in-

surance company differing from all others in this country. It offers life insurance to the patrons of homœopathy at ten per cent less premium than to other parties. The company has been organized on a most reliable and sound basis. It has commenced with a capital of \$150,000 already paid in, the stockholders being liable for an equal amount, thus rendering the company entirely trustworthy in case of severe loss. This capital will be ultimately retired so as to render the company *purely mutual*, thereby giving to the insured the entire profits. The Directors are among the best business men of the country, and competent to manage its affairs with prudence and skill. The different forms of policies are such as are warranted by the best experience, and, aside from those based on homœopathic treatment, present certain advantages unknown in any other companies. These policies are arranged in accordance with tables constructed especially for this company by the best mathematical skill. No company has ever been organized under so favorable auspices. Each one of the five thousand homœopathic physicians in this country must feel a deep interest in its success, and act to a greater or less extent in its behalf; while the friends of homœopathy, who have already received so many advantages from this system, will be glad to avail themselves of it as presented in this form. Though the company has been organized but a few months, we learn that a large number of policies have already been issued, and its business is constantly increasing. With the care, prudence, and foresight exhibited already by the company, and the influences which must certainly favor it, we may safely predict for it a success hitherto unequalled in the history of life-insurance companies. Arrangements have not been fully completed for the issuing of policies in the New-England States; but, as soon as this is done, we shall apprise the readers of the "Gazette" of the fact.

THE CLEVELAND HOMœOPATHIC MEDICAL COLLEGE.—This institution held its sixteenth annual commencement exercises on the 21st ult. The graduating class numbered thirty-seven. Whole number of matriculants for the present winter semester, seventy-eight. Three of the diplomas conferred went to England, six to Canada, and one to Sweden. The exercises passed off pleasantly to all concerned. There were the usual addresses, and in the evening a supper given by the Faculty to the students and guests of the College; and after the repast followed the regular toasts and the regular responses. At proper intervals, the occasion was enlivened by the singing of the students' glee club; and all went merry as such festive occasions are wont to go. Sixteen years ago, the College commenced with a class of but sixteen members. It has prospered in the past, and bids fair to prosper in the future.

HOMEOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.—The eighteenth annual commencement was held on the 1st inst. Dr. Lippe delivered an address, which, having but this moment received, we are unable to notice further in this number of the "Gazette." The number of matriculants for this session is eighty-seven; number of graduates, forty-three. The honorary degree of Doctor of Medicine was conferred upon Theo. J. Rückert, M.D., of Saxony.

[Communicated.]

THE MASSACHUSETTS HOMœOPATHIC MEDICAL SOCIETY.

THE Annual Meeting of this Society will be held in Tremont Temple, Boston, on Wednesday, April 11, commencing at 10 o'clock, A.M.

The meetings have always been spirited and interesting; and there is no physician of our school in the State who can afford to lose this occasion of meeting his fellow-physicians, and exchanging social courtesies and professional expressions with them. It is a poor and niggardly policy, on the part of any physician, to assume, either that he cannot leave his business long enough to attend the meeting, or that the meeting is not of sufficient importance to make it worth his while to attend it. If he finds it difficult to leave on account of his extensive practice, let him remember that many of our leading physicians, with practice much more extensive than his own, have always been the most prompt at such meetings; if it is because his practice is so small that he cannot afford to lose even one visit, let him know that the best way to increase that practice is to keep his mind brightened up by contact with the active, energetic, and thoughtful minds he will be sure to meet there.

If he thinks the meeting is not of sufficient interest, then he owes it to the profession to do something to increase the interest and value of the meeting.

The proverb, "Whoso counsels only with himself will soon have either a fool or a coxcomb for his adviser," applies with especial force to the physician who, taking counsel only from his own experiences and observations, thinks he needs nothing more. If he neither receives nor imparts instruction, he soon becomes self-conceited or self-debased, and is looked upon with distrust and disfavor by his fellow-practitioners. If, on the other hand, he is ever anxious to learn what is new and important, and equally ready to impart any discoveries or improvements he has made, he will have the thanks and good wishes of his fellows.

This is the twenty-fifth year of the Massachusetts Society, and the eleventh of its corporate existence; and while, in looking back, we are surprised and gratified at the medical changes of the last quarter of a century, we see progress has been made in the right direction, and with faith and hope look forward to still greater advances in the future. At the next meeting of the Society, let every member be present; and we doubt not those who are not members would be heartily welcomed to its meetings, while delegates and members from other societies are cordially invited.

The following arrangement has been decided on by the committee having the matter in charge: At 10 o'clock, the president, Dr. W. F. Jackson, will give the opening address, to be followed by reports from the various committees, including those on *Materia Medica*, *Pharmacy*, and *Clinical Medicine*.

The necessary business of the Society will then be transacted; and, between 12 and 1 o'clock, a social collation will be provided, in which all are invited to participate. At 10 o'clock, the Annual Address will be given by the orator, H. L. Chase, M.D., of Cambridge; after which, papers, essays, and communications will be presented from various members of the profession. Physicians having

any subject to present are desired to inform the President of it before the time of the meeting.

An evening session will be held, commencing at $7\frac{1}{2}$ o'clock, at which essays will be read, and discussions continued, on professional subjects, of either local or national importance. Let the members from a distance come prepared to remain till the close of the meeting; and, with a little effort, the Annual Session of 1866 will prove the most valuable and interesting meeting in the history of the Society.

CHOLERA.—At the Academy of Sciences, M. Velpeau lately quoted the opinion of three medical men who were more or less in favor of sulphate of copper as a cure for cholera,—Dr. Burq, Dr. Lisle, and Dr. De Prado; and added that the medication in question had produced no marvellous results in Parisian hospitals. M. Chevreul offered some considerations on our actual knowledge of cholera. The cause of cholera is unknown; so also is its therapeutical treatment, or otherwise the prize Bréant would have been already adjudged by the Academy. The observations made as to the appearance of the disease in places where it is not endemic, give us, if not the certitude, at all events the great probability, that it is contagious. Assuredly, the opinion that cholera is non-contagious cannot be held as demonstrated. In the mean time, it is far better, for the sake of science and of the public health, to regard the disease as contagious. The physician who prescribes the isolation of cholera patients, and restriction of intercourse with persons in an infected ship, for example, subjects himself to no fear of self-reproach; but he who asserts the non-contagious theory, and places cholera patients side by side with others, *may* be the cause of fatal results. M. Guyon, who has had great experience of cholera, also spoke of its nature and treatment. Our learned and *spirituel* friend (M. Velpeau), he said, gave us a most truthful definition of the disease: "It takes a man and screws him up" ("Le mal vous prend et vous tortille").—*British Medical Journal*.

SYCOSIS CURED BY SULPHITE OF SODA.—By J. Y. DALE, M. D., Agricultural College, Pennsylvania. In August, 1865, I was consulted by T. W., aged 23, a returned soldier, who had *sycosis menti*, which extended over his chin and the left side of his face. Having read of the influence of sulphite of soda on diseases of cryptogamic origin, it occurred to me that this would be a very good case in which to try its effects. I therefore prescribed for him as a local application sodae sulphis gr. xl, aquæ 3 ij, glycerinæ 3 j, M., which was to be used frequently; and I directed him to keep his beard closely trimmed, but not to shave. In four days, not a vestige of the eruption remained. The same remedy has proved equally effectual in three cases treated since then.—*American Journal of Medical Sciences*.

BLACK CATARACT.—Mr. NUNNELEY, of Leeds, showed to the Pathological Society (Nov. 21, 1865) a specimen of this. The patient, seventy-five years of age, had had double cataract. Nothing unusual had been observed in the case. The right lens, which had been the longer affected, was extracted Jan. 19, 1865. It was then quite black at the centre, and nearly so at the margin; but it had become of a lighter color by keeping. The other lens was extracted in February, and was of a lighter color, and also was of a lower specific gravity.—*Medical Times and Gazette*.

ENGLISH HOSPITAL IN PARIS.—The Messrs. Galignani have built and endowed a hospital of twenty-five beds for the English poor residing in Paris. It is placed under the direction of an English Sister of Charity, and two English surgeons give gratuitous attendance. The property has been made over to the English Ambassador by the founders.—*Ibid.*

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[VOL. I.

CANCER OF THE STOMACH.

BY P. H. GALLINGER, M.D., CONCORD, N. H.

DISEASES of the stomach, like those of the brain, are many times exceedingly obscure, and their correct diagnosis a matter of great difficulty. It is comparatively an easy matter to locate disease of the brain ; but, when the question arises as to the peculiar nature of the malady, a difficulty presents itself that often perplexes the most careful diagnostician. And what is true of the brain, in this respect, is strikingly true of chronic diseases of the stomach. Let the seat of the malady be ascertained with absolute certainty, and then it frequently requires more than ordinary foresight and skill to diagnose the case so as to warrant an unqualified opinion ; the symptoms, in different forms of disease of the stomach, being so nearly identical, as to render the task any thing but an easy one. A train of symptoms will unmistakably point to the stomach as the diseased organ ; but, when the effort is made to determine whether chronic gastritis, dyspepsia, ulceration, hypertrophy, or malignant disease of some kind, actually exists, the difficulty becomes apparent at once. I would not be understood as asserting that this difficulty is always experienced ; yet it is of sufficient frequency to warrant the remark, that every physician of moderate experience can confirm it as a truth.

It is an undoubted fact, that the stomach is not unusually

the seat of specific malignant disease. Professor Watson aptly says: "The fatal nature of the complaint; the obscurity in which it is sometimes wrapped; the possibility of overlooking it altogether, or of confounding it with disease of a more innocent character,—combine to invest it with peculiar interest." So far as my limited observation extends,—and I find upon examination that it corresponds with the experience of others,—the symptoms of carcinomatous disease of the stomach are obscure, perplexing, and even contradictory. Some cases are on record in which the malady was not even suspected, the region of the stomach being entirely free from pain during the progress of the disease, while the *post-mortem* examinations revealed cancer in its most frightful form. In some cases, acute pain is a constant symptom; while, in others, the most noticeable feature is an entire absence of suffering. Sometimes, vomiting is a very constant and annoying accompaniment: again, it is not met with during the entire course of the disease. In one case, vomiting occurs only when the stomach is distended with food; while, in another, urgent distress and nausea are experienced when the stomach is entirely empty. Among the symptoms that may be mentioned as almost invariably present in a cancerous condition of the stomach, *emaciation* occupies a front rank; and the diagnosis many times must greatly depend upon its presence or absence. In addition to this, it is well to bear in mind, that "cancer of the stomach rarely happens before the age of thirty-five; that it is steadily progressive, and generally terminates fatally within twelve or fifteen months; and that it is attended with a peculiar sallowness of complexion and gradual wasting of the flesh: whereas chronic ulceration of the stomach may arise at any period of life, and may continue to exist for five, ten, or even twenty years together, without much constitutional disturbance, or marked diminution of the general bulk and strength."

With these prefatory remarks, it is my purpose to give the results of a recent autopsy, the subject having died from cancer of the stomach, at the age of thirty-six. So far as I have been able to learn, his general health, until a few years, was remarkably good, his family being exempt from malignant or

hereditary diseases. In 1862, he entered the army; and, while on the Peninsula, contracted chronic diarrhoea, from which he suffered till the time of his discharge, in the summer of 1864. During his illness in the military hospital, he took large quantities of opium, and indulged freely in the use of tobacco, that being a habit that he had always been addicted to. Upon his return home, he continued to suffer from diarrhoea, and was treated by an Eclectic practitioner for some time, after which he consulted me, and the diarrhoea was speedily removed by Nux and Phosphoric acid. In a brief time thereafter he resumed work, and continued in the enjoyment of ordinary health till last summer, when his strength began to fail, and symptoms of a dyspeptic nature made their appearance.

[At this point it may be interesting to note, that my patient persisted in the inordinate use of tobacco, in opposition to the wishes and entreaties of both physician and friends. His business being that of a teamster, he would smoke his pipe from morning till noon, thus destroying the natural appetite for dinner; and, instead of eating, he would sustain the system, during the afternoon, by the stimulus that tobacco afforded him. I am not prepared to positively affirm that this vile practice developed the cancerous condition of the stomach; but am fully convinced that it had much to do with it, and that it doubtless destroyed the tone of the organ, vitiated the secretions, and promoted disease of the mucous surface.]

In October, 1865, he again consulted me, the symptoms in his case being nausea, distension and pain of the epigastrium, constipation, pyrosis, sallow complexion, acid eructations, &c. Diagnosing the case to be dyspepsia, directions were given regarding diet, hygiene, &c., and Carbo Veg. and Nux administered, with instructions to the patient to present himself again in one week. At the end of this time, no change was apparent, except that the symptoms were considerably aggravated, and Bismuth and Hydrastin were substituted for the remedies first administered. These likewise failed to give relief; and Arsenicum, Bryonia, Mercurius, Pulsatilla, Sulphur, &c., were successively administered, without, however, beneficially in-

fluencing the disease in the slightest degree, rapid emaciation going on, and the symptoms increasing in severity. Fearing structural disease, and considering that rest would be advisable (he having continued to do light labor until this time), a change to the country was advised, which suggestion was carried out. While absent from the city, vomiting became exceedingly troublesome, and he placed himself under the care of an allopathic physician ; and, as a matter of course, purgatives were resorted to, without, however, particularly influencing the bowels. This treatment was continued for three weeks, when he returned to his home, looking much worse than when he left, having lost twenty-five pounds in weight during his absence. Resorting to an "infallible cure," he was without medical advice for several days ; and, when I was called to see him, it was ascertained that he had sixteen of Schenck's Mandrake Pills in his stomach, his allopathic physician having assured him that a daily evacuation was an absolute necessity. An examination of the abdomen revealed the fact, that the bowels were entirely empty, there being no evidence that food had passed the pyloric orifice for several days. The appetite was at times good, but every thing taken into the stomach was rejected ; and, in addition to the food, large quantities of sour, watery fluid were vomited, corresponding to the fermented liquids noticed by Mr. GoodSir in 1842, and afterwards by Dr. Todd, Dr. Budd, Dr. Jenner, and others, in which were innumerable small flat bodies, of a vegetable origin, to which was given the name of *sarcinæ*. For several weeks prior to this time, about once in six days, a considerable quantity of pus-like matter was vomited, which served to strengthen the view that ulceration was progressing, but which was shown by the *post-mortem* to have been the result of softening of the central portion of the scirrhouss mass. After a time, the fluids ejected from the stomach became dark and stringy, resembling coffee-grounds, doubtless consisting of altered blood. Notwithstanding the persevering use of Arsenicum, Hydrastin, Iodide of Iron, &c., emaciation continued to advance, the vomiting remained unchecked, hiccough set in, the mind began to wander ; and, after several days of delirious

cheerfulness, death took place, with a singular absence of pain.

The autopsy confirmed my suspicions as to the nature of the disease. The mesenteric glands were found to be in a scirrhous condition ; the liver was quite friable, the right lobe being badly congested, and the gall-bladder filled with unhealthy bile ; while a section of the stomach revealed the fact, that the entire inner surface was denuded of mucous membrane, presenting a dark, congested, filthy appearance. About five inches above the pyloric orifice was a scirrhous tumor, four inches in length and three-fourths of an inch in thickness, almost wholly closing the passage. The tumor was quite hard, except in its centre, where it had evidently broken down, and from which doubtless originated the pus-like material vomited at intervals. The bowels were, with the exception of the duodenal extremity, in a healthy condition, but (what to me was a remarkable circumstance) were found to be intussuscepted at five distinct points in the small intestines ; at least two feet of the bowels were inserted at one point, and shorter portions in the other instances. So far as I am aware, no case has been mentioned of a similar nature, and I call attention to it, not only for the purpose of establishing the fact that intussusception may take place at more than one point in the same subject, but also for the purpose of suggesting that *drastic purgatives are capable of producing intussusception*, especially if taken in large quantities when the bowels are empty, and perhaps under different circumstances. It will be remembered, that, some two weeks before death, a large quantity of Podophyllin was taken, in the shape of Mandrake Pills ; after which time, no evacuation was had from the bowels, notwithstanding the action of the drug gave rise to great pain for several hours. This circumstance, added to the fact that the intussusceptions were comparatively of recent occurrence, adhesions not having taken place, leads me irresistibly to the conclusion, that the purgative medicine gave rise to the intussuscepted condition.

Regretting that my article has already assumed proportions not warranted by its importance, I will bring it to a close by simply announcing the following propositions, suggested by the case under consideration : —

1st. The immoderate use of tobacco is especially injurious to the stomach.

2d. Emaciation, although not an infallible symptom, is a valuable diagnostic sign of scirrhus.

3d. Intussusception may be produced by drastic purgatives.

A CASE OF DROPSY.

BY D. WHITING, M.D., OF BOSTON.

NOTICING, in the February number of the "Gazette," the report of a case of dropsy treated with quite massive doses, I am reminded of a case which came under my care, and resulted favorably, although, in this instance, very small doses of medicine were used.

Mr. M., a clergyman, æt. forty-five years, tall, spare, and of biliary temperament, came under treatment in January, 1865. He said that he was suffering from difficulty of breathing, and had had chills and fever for the past ten days, and, at long intervals, for more than twenty years.

The chills usually appeared towards night, and were followed by fever, with thirst. Afterward, this was succeeded by a stage of perspiration. Sometimes, the paroxysms commenced with fever.

The tongue was coated white; the stomach was unable to retain much food or drink; the bowels constipated; and the urine was scanty, with an offensive odor. The action of the heart was feeble and irregular; and, while there was much weakness throughout the system, this feeling was especially manifest in the lumbar region.

The abdominal walls were distended; and the œdematosus condition of the extremities, and of the face and neck, all indicated the true character of the disease.

Arsenicum, twelfth centesimal, was given; six drops in a wineglassful of water, two drops every three hours. This prescription was continued, from day to day, for a week, but my patient did not improve; on the contrary, he was now getting

decidedly worse. The fulness of the abdomen had become very marked, and the cellular tissue of the extremities was involved to the fullest extent. The urine was less in quantity. Small, liquid dejections now occurred twice and three times a day. The dyspnoea had very much increased; and a recumbent position was attended with such a degree of suffocation as not to be endured for a moment. Nausea was constantly present, and but little could be taken into the stomach without inducing vomiting.

It was very evident that a change of treatment must be made, or there would soon be no need of medicine. In making the change, what remedy should be substituted for the one already used? That drug had been given which was thought to hold a closer relation to the disease than any other. As the arsenic had only been given in the twelfth, without effect, was it not more than probable, that the power of this agent over the disease in question lay in a *higher* dilution?

The thirtieth centesimal was now prescribed. On the following day, the patient remarked that the last medicine must have been very powerful, as an effect was experienced from the first dose. The nausea had been less, and more urine had passed. The chills and fever, which had been of the quotidian type, had failed to return since my last visit.

The amendment went on, all the symptoms becoming less urgent; the nausea was subsiding, and urine was freely voided.

Under the last prescription, given at lengthened intervals, the patient improved rapidly. In the fourth week, and soon after urinating, a discharge of blood followed, amounting to three or four ounces, without pain. There was no recurrence of the hemorrhage; and, in about eight weeks from the first visit, the patient was discharged.

Since that time, he has been engaged in his usual round of duties, without return of the disease.

This case is cited, not to disprove the utility of low dilutions, or of remedies in appreciable doses; but as one of the every-day proofs, that the highly potentized drug is often capable of producing curative results.

CASE OF PUEPERAL ANASARCA WITH PERICRANIAL EFFUSION.

BY W. F. JACKSON, M.D., OF ROXBURY.

MRS. ——, æt. nineteen, primipara; was delivered on the 16th of February, at four o'clock, P.M., of a fair-sized child. The labor was neither long nor severe, and at its close I congratulated her upon the favorable result. For some weeks prior to her confinement, she was exceedingly annoyed by œdema of the lower extremities, interfering with locomotion. When called to see her, on the morning of the 16th, I was surprised to find that the œdema had extended over her whole person, even the neck and face giving marked evidence of its presence. Nothing peculiar was observed in her manner, and I gave the matter no serious thought, but merely remarked its unusual extent.

At six, P.M., I was informed that the after-pains had suddenly ceased, and that violent pains had been developed in her head instead. I sent six powders of Belladonna 3, one of which was to be taken every hour until relief followed. At eight, P.M., was sent for, because the patient had lost her sight, and was "acting strangely." Saw her at nine, P.M., and found her insensible; pulse small; twitching about the mouth, and pupils dilated. Looking upon the case as one of effusion of water within the cavities of the brain, I gave Hellebore every two hours. On the 17th, at one, A.M., I was called, and found her in convulsions. The spasm, which was quite short at first, occurred at 1, 2, 3, $4\frac{1}{2}$, 8, $10\frac{1}{2}$, 12, M.; 2, $5\frac{1}{2}$, $7\frac{1}{2}$, and 10, P.M. The spasms became longer, until they reached a duration of eight minutes. A peculiarity, which I never before noticed, was the protrusion of the tongue, which was enormously enlarged, but it was not the result of swelling from being bitten. It extended to the chin in length, and was much wider externally than the mouth itself. There was also an unusual difficulty in exhaling, although the inhalation was perfectly easy.

I administered ether from time to time, when occasion demanded; and, at last, kept her under its influence for several hours consecutively. She remained comatose for forty-eight hours, during the last twenty of which there were no convulsions. The amount of urine passed was very great. The Hellebore was continued for several days, though in much smaller doses; and she is now in a fair way to recover.

My object in reporting the case is to ask whether or not my diagnosis was correct; and, if so, how far is the result to be attributed to the medication? I omitted to mention above, that the patient has no recollection whatever of her illness.

A CASE OF ERYSIPELAS.

BY C. H. BURR, M.D., OF PORTLAND.

It may be interesting to such of the readers of the "Gazette" as are familiar with the name of Dr. Eliphalet Clark, of Portland, to hear something of his recent suffering, during a severe attack of erysipelas.

By the younger members of the profession, his name may not have been often heard.

He belongs to the class of pioneers in homœopathy; and his interest in it is cotemporaneous with that of Gray, Gregg, Ward, and Okie among the living; and with that of Joslin, Rhea, Wilson, and others among the dead.

The attack of which I am about to speak was ushered in with a chill sufficiently severe to show that the system was profoundly impressed by some morbific force. When re-action came on, the upper lip began to swell; and the smarting, itching, and burning sensations peculiar to erysipelas manifested themselves in a marked degree. From this point, the disease extended up both sides of the nose, closed both eyes, reached down as far as the malar bones, burning, and in some degree blistering, the surface in its course.

Here the disease was arrested in its course about twenty-four hours, at the end of which time it resumed its march, passing

up between the eyes on to the forehead, spreading laterally so as to involve the region of the frontal bone, and reaching to the vertex. At this stage of the disease, there was great suffering from severe pain, restlessness, and prostration. From the vertex, the inflammation passed down the sides of the head to the ears, involving them, causing great tumefaction and hardness of hearing, — from the ears it took in the entire occipital region, passing down the neck between and over the scapulæ as far as the axillæ, — from here it travelled down the spine, little by little working out on either side as far as the costal origin of the latissimus dorsi muscle ; and finally was not arrested until it reached the extremity of the spine, spread over the hips, and down as far as the middle of the thigh.

When the disease was most active in the cervical portion of the spine, his throat became sore, attended with constant desire, and almost total inability, to swallow ; the whole buccal and faucial regions took on a bright, shining redness, with dryness, smarting, and burning. From the fauces it went to the posterior nares, reaching down the nose from within, and attended with the same disagreeable sensations.

The treatment of the case was varied according to the indications presented. When the surface was most vesicated, *Rhus Tox.* was principally relied on ; when there was shining redness, with other symptoms to correspond, he had *Belladonna* ; when there was great tumefaction and infiltration, with less of the shining redness and vesication with burning, stinging pains, he received *Apis*, together with such intercurrent remedies as the case seemed to demand.

During the latter part of the first week of his illness, he suffered much from bronchitis, and palpitation of the heart. The palpitation was most troublesome from about four o'clock in the afternoon till near midnight, and was promptly relieved by the administration of *Lycopodium*. For local applications, when the disease was most active in the face and head, water dressings seemed to give most relief ; but when it had reached the back, and seemed to be marching on in its unchecked career, the tincture of *Belladonna* was applied upon the sound skin, just outside the inflamed border, with very good results, checking its progress at most points, but seemed unable to

wholly confine it: so another and somewhat novel application was resorted to; viz., beefsteak, cut in thin slices, placed and confined upon the inflamed surface, and allowed to remain about twenty-four hours: when removed, nearly all traces of a the fire that had been raging nearly three weeks had disappeared.

The case is somewhat remarkable for its extent, duration, and the amount of tissue involved. In its course over the back, not only the skin, but the whole cellular tissue, seemed implicated; causing not only swelling, but hardness and stiffness, of the parts, which remained some time after the acute stage had passed. The patient is now slowly improving, and there is every reason to hope that he will ultimately be restored to health.

A FEE-TABLE

FOR THE PHYSICIANS RESIDING IN BOSTON.

Adopted by the Boston Academy of Homœopathic Medicine, March 26, 1866.

AT the Annual Meeting of the Boston Academy of Homœopathic Medicine, Drs. I. T. Talbot, Samuel Gregg, and F. H. Krebs were appointed a committee to prepare a fee-table for the homœopathic physicians of Boston. On the 26th of March, 1866, the committee reported the following Table, which was unanimously adopted by the Academy, with the request that it should be published in the "New-England Medical Gazette."

VISITS.

For each regular visit, either medical, surgical, or obstetrical, within the city proper	\$3.00
For a similar visit in South Boston	3.50
" " " " East Boston	4.00
For a first or single visit, according to the importance of the case	5.00 to \$10.00
For a visit at any specified hour	5.00
For a visit after 9, P.M., and before 8, A.M.	5.00 to \$10.00
For a consultation visit	5.00 to \$10.00

NOTE 1.—In very grave cases, or those requiring an unusual amount of time, also in cases involving great responsibility, the physician shall make such additional charge as the nature of the case warrants. In visits out of town, a mileage of from one to two dollars per mile, according to the circumstances, the difficulty of access, and the amount of time consumed, shall be added to the usual fee in town.

When consultations are held at the request of the family, the attending physician may charge the fee for consultation; but, in other cases, the fee shall be that of an ordinary visit.

If, while making a visit, the physician is called upon to prescribe for one or more additional patients, the fee shall be the same as would be charged at the office of the physician for like service.

OFFICE CONSULTATIONS.

For an ordinary prescription at the office of the physician	\$1.50
For a prescription requiring additional time, care, and responsibility	2.00 to \$10.00
For a first examination of a patient, according to the importance of the case, and the amount of time required	3.00 to \$20.00
For a letter of advice	2.00 to \$10.00
For a certificate of health, for insurance, legal, or military purposes	5.00
For an opinion in a case in which the physician may be subpœnaed	50.00

NOTE 2.—Services at the office after 9, P.M., and before 8, A.M., shall be double the usual rates.

In the treatment of cases of gonorrhœa, syphilis, and diseases from which the physician incurs peculiar liabilities from infection, the first charge shall be from ten to twenty dollars, and the subsequent charges double the usual rates.

In case of attendance at court, either as an expert, professional witness, or adviser, for each day's detention the physician shall charge for his professional services, according

to the importance of the case, from fifty to one hundred dollars.

In any case requiring special study or experimental investigation, an additional charge shall be made, according to the amount of time and labor expended.

M I D W I F E R Y.

For ordinary attendance during labor	\$20.00
For a case of tedious labor, requiring the constant attendance of the physician more than twelve hours	20.00 to \$50.00
For obstetrical operations, turning, use of forceps, embryotomy, &c., in addition to the usual fee	25.00 to \$50.00

NOTE 3.—In obstetrical practice, all visits required during pregnancy, as well as those subsequent to parturition, shall be charged as in ordinary cases of attendance.

The vaccination of the child is not included in the fee for attendance during labor.

In cases of rapid labor, when, before the arrival of the physician, the child is born, but the placenta is not delivered, the whole fee shall be charged; but, if both child and placenta are delivered, the half or the whole of the fee may be charged, according to circumstances. When, in the absence of the attending physician, another physician is hastily called in, and remains in attendance but a short time, he may charge for such service one half the usual fee.

If, in any case of labor, a second physician is called in consultation, and subsequently detained in joint attendance, both attending and consulting physicians shall be entitled to the full fee for attendance, and also to such additional amount as may be deemed proper, in view of the importance of the case, and the amount of service rendered.

S U R G E R Y.

NOTE 4. — All visits after surgical operations shall be charged as in ordinary cases of attendance.

NOTE 5. *Medicines.*—Physicians furnishing the necessary medicines to their patients may add twenty per cent therefor to the amount of their bill for attendance.

NOTE 6. *Payments.*—All medical fees shall be considered due as soon as the services are rendered. When, in the regular attendance upon families or individuals, the physician is not paid at the time of rendering the service, he shall send in his bill at least as often as once in three months.

In cases where the patient is not able to pay the full amount of the bill, the physician may make such abatement as he considers is absolutely demanded by the circumstances of the case and the pecuniary condition of the patient.

HOMŒOPATHIC TREATMENT OF CATTLE-PLAGUE.

THE conclusions our experiments in treatment have forced upon us may be briefly stated.

The essentials of treatment are,—*The commencement of treatment in an early stage; good nursing; constant attention; scrupulous cleanliness; suitable diet; and a truly homœopathic medicine.* Were it possible to collect one hundred animals within a properly constructed sanitarium, not later than the third day of the disease, under the care of a competent, homœopathically practising veterinary surgeon, assisted by a staff of trustworthy assistants, my conviction is, that the successes obtained by MM. Teutin and Gaudy, in Holland, would be easily equalled and probably exceeded. These gentleman, it seems, appear to fancy, because Mr. Moore failed to cure more than sixteen per cent* of the animals in Norfolk, that *homœopathy* failed. I contend that homœopathy did *not* fail. I admit it did not succeed; but this was simply owing to its not having a chance of succeeding,—this chance having been precluded by the ignorance and wilful stupidity of the attendants. There is nothing—there can be nothing—peculiar about MM. Seutin and Gaudy's homœopathy. Their assumption of special ability is a piece of quackery, to which all must regret that they have yielded.

Since the ninth of November, one hundred and seventy-seven animals suffering from cattle-plague, of different breeds, different ages, and in various conditions, have been placed under homœopathic treatment. It must here be stated, that no case has been refused

* The *Lancet* of the 20th ult., ever true to its principle,—never on any ground whatever to utter the truth regarding homœopathy,—makes the Norfolk percentage six!

where it was not but too obvious that life would be extinct within a few hours. Of these, seventy-two have recovered and ninety-eight have died; being over forty per cent of cures. The remainder are at present unreturned. Since the first of January, the numbers have been seventy treated, thirty-five cured, and thirty-five died; being exactly fifty per cent of cures. The smaller proportion of success during the first seven weeks of the experiment arose from a want of acquaintance with the proper management of, and medicine for, the disease: this information, increased opportunities for observation was not long in supplying. Our first cases almost all died; and I now feel sure that they were erroneously treated. We lost nearly fifteen animals from this cause in rapid succession. In another instance, eight were lost out of ten treated, from the poor condition in which the disease found them, the filthy character of the place in which they stood, and the incapacity of two old people to attend them. Bleeding, contrary to our instructions, putting animals on solid diet too early, gave rise to death in several instances. One was a peculiarly provoking specimen of a cowkeeper's stupidity. A two-year old ox had been treated early, and was doing well, when a neighbor stepped in, and suggested bleeding! Seven quarts of blood were at once taken from this sufferer from an exhausting disease! The animal lay down, and never was able to rise again; dying next day from the exhaustion produced by bloodletting, — not from that of rinderpest. One cow, apparently recovering, died during calving. Her case has been previously referred to. Of the remainder, not a few have been moribund when the treatment was commenced, some have been totally neglected by their owners, three have died apparently from sudden metastasis to the brain, and the remainder from exhaustion.

1. I have said that the *first* element essential to a successful treatment of this disease is that the cases be seen *early*. As a rule, when the characteristic symptoms have been present for four or five days, an animal will die, whatever may be the medicine given, or the care bestowed upon it. Two or three very gratifying exceptions to this general rule have occurred here. One, an animal belonging to Mr. Musgrave, on the Fulford road, was so far advanced in the disease, that, on Mr. Hope visiting her, he found that the Inspector had been sent for, to give an order for her shooting and burial. It was late at night; and, as the order could not be carried into effect until the following morning, the owner was persuaded to allow medicine and gruel to be administered during the night. *Belladonna* was the medicine given; and, by the morning, the animal had so far rallied that all thoughts of destroying her were abandoned, and she made a complete recovery. In another case, belonging to Mr. Wilberforce of Stockton-in-the-Forest, the cow was completely despaired of when first seen, and, though she suffered to a very great extent from emphysema of the subcutaneous cellular tissue of the trunk, completely recovered.

These instances are however, on the whole, exceptional. The

treatment ought to be commenced early, in order to give the animal a chance of life.

2. *Good nursing.*—A sick cow requires as much attention as, if not more than, a human patient prostrated by severe disease. Warm clothing and good ventilation must be provided ; and medicine, food, and drink regularly supplied. The animal's wants cannot be expressed ; they must be sought for and administered to by intelligent attendants. In milch cows, the bag should be emptied three times daily of any milk it may contain.

3. *Scrupulous cleanliness.*—All manure should be removed from the shed at once, and not allowed to accumulate. The "channel" behind the animals should be well flushed with pure water several times daily. The skin should be kept well cleansed by brushing and "rubbing down" twice every day.

4. *Suitable diet.*—Herein consists the great difficulty in dealing with men accustomed to give an animal almost any thing it will take. They have no idea, either that a sick beast will live on gruels, or that the food to which it has been accustomed can by any possibility be injurious. Solid food to be digested requires mastication. This process is at a standstill. The functions of the first and second stomachs are in abeyance ; the third and fourth are inflamed, and moreover contain masses of undigested food. Hence the aim in feeding must be to supply material not requiring mastication,—food that can be absorbed readily. It must also be given in quantities that will not be beyond the creature's power of absorption. In one case, the person in charge of a cow seemed to think, that, if gruel was admissible, it was so in any quantity ; and he gave his cow,—I am afraid to say how many quarts of gruel, but it was administered by the quart every half-hour for many hours, till the animal was immensely distended with the amount of fluid in the abdomen, and of course died. The difficulty of insuring the giving of suitable food in proper quantity is enhanced by the appetite of an animal, as it begins to shake off the disease, becoming ravenous. She will eat any thing she can get at, at this time. The gratification of her appetite is at once followed by a return of all the former symptoms, and her life is again placed in great danger. Mashes, gruels of Indian corn, oatmeal, linseed tea, thick and mixed with bran that has been steeped in hot water, are the best kinds of food to give during the first six or seven days. When really better, well-boiled carrots or potatoes may be given sparingly. But, until all redness is gone from the mouth and vulva, no solid food, such as hay or roots, can be taken with safety. In animals suffering much from exhaustion, it has been found useful to mix about half a pint of warm ale with each pint of gruel given. For drink, "hay tea," or water barely warm, is grateful and harmless.

5. *A truly homœopathic medicine.*—From the reports in the papers, it would appear that animals have recovered under every variety of medication. But I know of few districts where so large a proportion of so considerable a number of cases—of cases, be it remem-

bered, in every stage of disease, treated, too, mostly in country farmsteadings, seldom seen more than once a day by the veterinary surgeon, who had moreover to depend upon servants for the carrying-out of his instructions—have recovered, as in this neighborhood, under the care of Messrs. Hope and Emerton. Dr. Wilson, in the “Morning Advertiser” of the eighteenth of January, states that he has saved 23 out of 32 cases he has treated. For my part, I heartily congratulate him on his success, and trust that the particulars of cases of so much interest and importance will speedily be published. Dr. Wilson also states that 116 remedies require examination in treating a case of rinderpest, and that this examination should be made in German repertories. If this is necessary to the homœopathic treatment of the disease, then homœopathy is, so far as rinderpest is concerned, *impracticable*. To carry out homœopathy in this way, every sick beast should have a veterinary surgeon specially appointed to attend to it; and he, too, should be a much more highly educated man than the majority of the veterinaries of this country are.

The experience we have had in York shows that homœopathy is not thus impracticable.

Belladonna, more than any other remedy, corresponds to the prominent features of the disease, as we have seen it here. The difficult breathing, the congested mouth and throat, the engorged conjunctiva, the general congestion which pervades the mucous surfaces, with the desquamation following, all point to this as the remedy, *par excellence*. It has been more valuable than any other we have used. It has been given in from two to five drop doses of the pure tincture, every two, three, or four hours. The first, second, and third dilutions were tried in our early cases; but they were by no means so satisfactory in their action as the pure tincture.

Arsenic has been useful chiefly in meeting the prostration about the fifth or sixth day. As a prophylactic, I question its value. If it have any, it is not in the sense that vaccination is prophylactic to small pox; but it simply acts by keeping the animal in good condition, and so enables them the better to resist the contagion giving rise to the disease.

Rhus toxicodendron. The chief indication for this remedy has been found in the muscular twitchings which characterize the disease in some of its stages.

Mercurius solubilis, first trit., has been found valuable when the mouth has been long congested, and the patches of desquamation are general.

Ammon. causticum, first dec., is of service when there is much abdominal distension, with heavy breathing and painful moaning.

Turpentine, first dec., has been of signal service in checking haematuria, a symptom which did not yield to *Cantharis* at all.

Secale cor. θ Mr. Emerton thought useful in one case of subcutaneous emphysema, and its proving shows that it deserves attention in this condition.

Phosphoric acid, first dec., *Mercurius solubilis*, and *Arsenic*, have

appeared to control the diarrhœa more than any other remedies; but they have not proved altogether satisfactory. In any future case, I should be disposed to try *Muriatic acid* or *China*. It has been a more difficult symptom to meet than any other.

Mercurius corrosivus 1, has checked several cases of dysentery in a very marked manner.

In one case of apparently impending metastasis, the *acetate of copper*, in grain doses of the first trituration, appeared to prevent its development; but it was the only case in which it was resorted to, and therefore much additional experience is required before its value can be estimated correctly.

In addition to medicines, much good has accrued from exposing the animal's muzzle to steam from boiling water or scalded bran. The nasal discharge is thus promoted, and large lumps of coagulated mucus are passed, to the great relief of the patient.

In conclusion, I can only express a hope, that a further and more favorably circumstanced trial of homœopathically chosen medicines may obtain better results than have been met with here. It is not a question whether a homœopathically selected remedy can cure this disease; but whether, with our present limited knowledge, we can find such a remedy. If we can, then, with proper nursing and diet, and attention to details, I am persuaded that a very large number of animals can be prevented dying of rinderpest.—*Dr. Pope in British Monthly Homœopathic Review.*

MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF VERMONT.

THIS Society held its (adjourned) eleventh annual meeting at St. Johnsbury, Vt., on Wednesday, Jan. 17, 1866, at 10 o'clock, A.M.

In the absence of the President and Vice-President, Dr. G. E. E. Sparhawk occupied the Chair.

The minutes of the preceding meeting were read and approved. Officers for the ensuing year were then elected, as follows:—

President	G. E. E. Sparhawk, M.D.	Gaysville.
Vice-President	C. W. Scott, M.D.	Lyndon.
Recording Secretary	M. L. Scott, M.D.	Bradford.
Corresponding Secretary	M. G. Houghton, M.D.	St. Johnsbury.
Treasurer	H. M. Hunter, M.D.	"
Auditor	C. H. Chamberlin, M.D.	Barre."

Adjourned to 1½ o'clock, P.M.

At this hour, the meeting was called to order, the President in the Chair.

The committee on "High Potencies" made a very full report, and an animated discussion followed.

Among the cases reported to the Society was the following, by M. G. Houghton, M.D.:—

The subject of this case—a girl of ten years—had diphtheria in August, 1864; was treated by a homœopathic physician, but had not been well up to the time of writing this report, having had repeated attacks of inflammation and swelling of the tonsils.

I was called to visit her on the 2d of March, 1865, when I found her with a considerable swelling immediately beneath the angle of the lower jaw, which I ordered poulticed, and, on the 8th, lanced; when it discharged freely a thick pus, which continued, more or less, for two days.

But that which I had purposed to report more particularly was a subsequent attack of diphtheria.

I was summoned to see her on the 20th of March, 1865. She has had inflammation and swelling of the tonsils for two days past, with some membranous deposit; the tonsils are now excessively swollen, with fiery redness about the margin of the membrane; externally, on the left side, is a swelling as large as an egg; respiration hurried; pulse upwards of 100 per minute.

Prescription: Merc. sol. 200, in powder, to be repeated every two hours.

Visited her on the morning of the 21st. She has had a restless night; has not slept five minutes at a time; constant thirst; difficult and painful deglutition; respiration hurried and very much obstructed; membrane in the throat not materially increased; pulse 120 per minute.

Continued Merc. sol. 200 once in two hours.

Morning of the 22d.—The swelling externally has diminished, and internally also somewhat; the membrane is being detached, and there is less intense redness, though deglutition is very difficult, and respiration laborious; pulse 120 per minute.

During the past night she has had violent twitching of the muscles; incoherent talking, and occasional choking upon falling asleep; has slept but a few minutes at a time.

Continued Merc. sol. 200 once in two hours.

Visited her again in the evening of the same day. The swelling is reduced one half, and the membrane is clearing up; can swallow better, but cannot breathe through either nostril. A discharge from right nostril, which is ichorous and corrosive. Notwithstanding she cannot breathe through her nose, *there is a fan-like motion of the nostrils* in every act of inspiration; violent and hurried beating of the heart, and attacks of faintness.

Prescribed Lycopod. 200 once in two hours.

Morning of the 23d.—She has had hemorrhage from the posterior nares during the past night, though not excessive; discharge from the left nostril. She has not slept during the night,—been very restless; but has had no attacks of faintness.

Continued Lycopod. 200 once in three hours.

Visited her again in the evening of same day. Feels better; less discharge from the nose, and less thirst; pulse 108.

Continued Lycopod. 200 once in three hours.

Morning of the 24th.—Has slept some three hours the past night; breathes better; less thirst, and a little appetite. Can now force the air through the nose with some exertion; pulse 108.

Continued Lycopod. 200 once in three hours.

Visited her on the morning of the 25th. No discharge from the nose; slept four hours last night; has more appetite; pulse 100.

Continued Lycopod. 200 once in four hours.

26th.—Is doing well; slept six hours last night; good appetite.

Continued Lycopod. 200 once in five hours; and, I am happy to say, the patient made a speedy recovery.

A lively discussion, also, upon the subject of alternating remedies, occurred; and the practice was condemned nearly unanimously.

The Secretary reported gratifying intelligence from all sections of the State regarding the progress of homœopathy.

The Society now numbers forty members.

Adjourned, to meet at the State House, Montpelier, Wednesday and Thursday, June 6 and 7, 1866.

M. L. SCOTT, *Secretary.*

AN OPERATION FOR FISTULA *IN ANO* TWO HUNDRED YEARS AGO.

M. LE ROI, in his "Curiosités Historiques," gives the following interesting account of a "grand operation" performed on Louis XIV.:—

On the 18th of November, 1686, Versailles was astounded with the news that Louis XIV. had undergone the "*grande opération*," as it was then called, for fistula *in ano*. An abscess at the margin of the anus of the king had been discovered in February, 1686; and Félix de Tassy, his chief surgeon, at once proposed to open it. But, as Dionis remarks, "the deference to opinion necessary for a cure is not always found among the great." A thousand *infallible* remedies were immediately proposed; and of these, a plaster made by Madame de la Daubièrè was selected as preferable to the lancet of the surgeon; and Madame herself, as the chronicle tells us, assisted in its application. The plaster, however, was removed five days later, having only increased the king's sufferings; and it was at last resolved, on the 23d, that the abscess should be opened. But, contrary to the wishes of Félix, caustic was used for the purpose, instead of the knife. The result was, that, when the caustic slough fell off, "the pus ran out of a small hole." Soon afterwards, it was discovered that the fistula communicated with the interior of the gut; and an operation for its cure was therefore necessary.

Hereupon the king was again overwhelmed with the promises of infallible curers of *tumors*. Louvois, the minister, however, being in some sense responsible for the life of the king, would not allow any of their remedies to be applied to the king, without having them previously tried on others. Thus, for example, the use of the waters at Barèges having been recommended, and having taken the fancy of the king himself, four persons with fistula were sent to Barèges, under the charge of Gervais, surgeon of La Charité, who had a great reputation in the cure of tumors. They were treated in a variety of ways, internally and externally, with the waters, for a long time; but the result was, says Dionis, that at

the end they were no nearer a cure than when they started for Barèges. Next came a court lady, who reported that she had been cured of a fistula at the waters of Bourbon. Consequently four other patients with fistula were sent there, under one of the king's surgeons; but they also returned uncured. Still Louvois was besieged with promises of a cure; and, not wishing to throw away a chance, had several rooms in his ministerial hotel at Versailles fitted up for the reception of all fistula *in ano* patients who were willing to have remedies tried upon them. Félix was to watch the action of the remedies, and to report upon them. The experiments were carried on for a length of time; but all the *infallible* waters, ointments, &c., turned out complete failures.

Of all these proceedings the king was informed by Louvois and Félix, who urged upon him that all attempts to cure the fistula without operation were in vain. Before finally deciding, the king sent for Bessières, who was then in great repute at Paris; and by him was told that "all the remedies in the world would do nothing without an operation." Thereupon the king determined to undergo the operation. But *what* operation? At that time there lived at Paris one Lemoyne, who had great repute as a curer of fistula. Of him Dionis writes:—

"His method consists in the use of a caustic, spread over a little plug, and introduced into the opening; this plug is enlarged day by day, so as to destroy all callosities and sinuses. By this process, and with plenty of patience, he cured many fistulæ. He died old and rich; and he made the people pay well; and in this he was right, as the public only esteem those things which cost them dear. All patients who dreaded cutting fell into his hands; and, as the number of cowards (*poltrons*) is always great, he never wanted for practice."

The ligature was the plan most in use; but Félix preferred the knife. Félix, therefore, was called upon to describe to the king the entire history of these different remedies. Caustic, he told him, produced continual pain for five or six weeks. The ligature required a long time to cut its way through, and also needed frequent tightening, and so constantly produced pain. The pain of incision was, he admitted, sharper, but then it was only for a moment; and the cure for incision was certain and rapid, and this could not be said of either the caustic or the ligature. Félix's arguments, supported by those of d'Aquin, Fagon, and Bessières, decided the king for incision. Félix was a bold man; for at that time the operation by the knife was looked upon as a great and terrible affair. But Félix was not an ordinary man. He was the son of the king's surgeon, Félix de Tassy; had been carefully educated by his father, in hopes that he would become his successor; and at an early age was celebrated as a skilful surgeon. In 1676, he, in fact, became first surgeon of the king. Félix at the time had never performed the operation which he proposed to the king. But, while the experiments of the "curers" were being tried, he read every thing which had been written on the subject; and, what is more, operated on all the patients having fistula *in ano* who were received into the Paris hospitals and into La Charité at Versailles. When, therefore, the king had at length resolved upon the operation, Félix had become a master in its performance.

Félix used a modification of Galen's syringotome. It was a very narrow curved knife, terminated by a stylet several inches long. The cutting part of the blade was covered with a silver sheath. This instrument was introduced through the fistula into the rectum, and then brought out at the anus. The sheath was then gently withdrawn; and the knife, now laid bare, held by the hand and by its stylet end, was at once made to cut its way out. This knife received the name of the *Royal Bistoury*.

The operation was performed on November 18th, 1686. The king had kept his intention a secret. He came to Versailles on the 15th; and on the 17th he rode out publicly on horseback. On the 18th, at five o'clock in the morning, the apothecaries administered a lavement. A little before seven, Louvois brought Madame de Maintenon to the king, who was found engaged with Père de la Chaise, his confessor. In the Cabinet des Bassans were assembled Félix; d'Aquin, the king's chief physician; Fagon; Bessières; the four royal apothecaries; and Laraye, Félix's pupil. At seven o'clock, they entered the king's room. Louis XIV. made Félix show and explain to him the instrument, &c.; and then with perfect confidence, and most composedly (as we are assured), placed himself in Félix's hands. The operation was performed in the manner above indicated;

and then, with eight cuts of scissors, Félix removed the callosities which were exposed when the incision was made. Louis bore the operation without a cry or a word. A large plug of charpie, covered with oil and yolk of egg, was then forced into the wound.

Consternation seized all the courtiers when they heard that the king had undergone this *dangerous* operation. For the first few days afterwards, things went on well; but, on December 7th, it was found necessary to destroy the new cicatrix, and to lay bare the fistula to its base. After this second proceeding, the operation succeeded.

Félix was well rewarded. His fee was 50,000 crowns, and the estate of Mouhineaux, estimated at a like value. D'Aquin received 100,000 *livres*; Fagon, 80,000 *livres*; the four apothecaries, each 12,000 *livres*; and the pupil Leraye (who was not forgotten), 400 *pistoles*, — the sum paid amounting altogether to about £40,000! Félix's practice now naturally became very large; for, as Dionis says: —

“*Fistula in ano* has become a fashionable disease since the operation was practised on the king. Those who had before, through shame, concealed the disease, now made it public; and many went to Versailles to undergo the operation, because they knew that the king made inquiries about all operations of the kind. Some even, who had simply hemorrhoids, or a slight discharge, were angry when they were told there was no necessity for an operation.”

Such, says M. Le Roi, is the history of the operation performed on Louis XIV. Thanks to the happy initiative of Félix, the method of operating by incision was again brought into honor, and has since been generally adopted. A man, indeed, may now-a-days successfully practise the operation without being first surgeon of the king, so simple has the operation become. — *Brit. Med. Journal.*

PROPOSED NEW CHOLERA STATION AT SANDY HOOK.

PLANS OF THE HEALTH AUTHORITIES.

DR. SAYRE, resident physician of this city, has forwarded to the Committee on Commerce of the United-States Senate, plans and information to be used in the preparation of a bill for securing a general quarantine against the invasion of cholera. We give below the substance of a plan which the health authorities have adopted for the protection of this city, and which has also been laid before the Senate committee. It was made by Dr. Marsden, a distinguished physician of Quebec.

The proposed plan is founded on the principle, that Asiatic cholera is a portable, controllable, and communicable disease; and, like the plague, may be transmitted and communicated both by persons and effects. The basis of the plan is the enforcement of absolute non-intercourse of persons who have cholera, or have been exposed to it for a short period, and a thorough disinfection of personal effects.

According to the plans, a cholera quarantine station is to be established, and divided into three separate and distinct sections or departments, each of which shall be isolated or separated from the other by a space of neutral ground of not less than one hundred feet in width. One of these departments is to be appropriated to the use of the sick, and will be the hospital department; the next, or central section, will be devoted to the use of passengers not having cholera, but who come from infected vessels. The third, or healthy section, is to be appropriated to the use of the healthy, who have been removed from the central department after having undergone quarantine there. These sections are subdivided, and there is a very careful adaptation of all of them to the purposes to which they are to be devoted.

All vessels coming from infected ports, having had cholera cases on board, are to be brought to anchor abreast of the Primary Quarantine Department. All vessels, coming from infected ports or not, and not having had any case of cholera on board, are to come to anchor abreast of the healthy or Final Quarantine

Department, where they will be boarded by the medical officer of that department. He will have power either to discharge them from quarantine forthwith, or to detain them if he finds sufficient cause for so doing.

Persons having completed their period of quarantine will be removed at once from the quarantine station by steamers chartered for the purpose, and will proceed directly on their journey.

The three quarantine sections will be surrounded by a strong fence, at least seven feet high.

The cholera station, if the Government and State authorities approve the plans, will probably be situated at Sandy Hook; and medical men who are best acquainted with it are confident it will afford full protection. — *New-York Post*.

A PLAN TO SUPPLY THE INCREASED DEMAND FOR HOMEOPATHIC PHYSICIANS. — Prof. Wilson, of the Homeopathic Medical College of Cleveland, Ohio, writes us that in view of the great demand for Homeopathic Physicians, and the insufficiency in number of graduates from our Institutions, to supply this demand, a plan is now to be matured by our colleges, in concert, by which this difficulty may be overcome. The writer says, "This statement is preliminary to a more complete and definite statement soon to be placed in the hands of the medical practitioners of the country."

ENDERMIC POISONING BY BELLADONNA. — The application of belladonna to the breasts for the relief of painful distension of the organs, especially after sudden weaning, is often resorted to, and with advantage. Where there is an abrasion of the skin, however, this practice, it should be known, is not devoid of danger. A case of poisoning under such circumstances is recorded in a recent number of the "Lancet." — *Medical News*.

DEATH OF DR. BARTH. — The Berlin correspondent of the "Boston Transcript" states, on the authority of Prof. Virchow, who made the *post-mortem* examination, that Dr. Barth, the distinguished explorer of Central Africa, was killed by the carelessness of his physician, who administered a dose of six grains of Tartar emetic for dyspepsia. It produced violent and fatal inflammation of the stomach.

THE domiciliary treatment of the sick and infirm of the poor in Paris is growing in favor with men of science. The report, recently made, of the Director of the *Assistance Publique*, declares that the larger number of recoveries takes place when invalids are allowed to remain with their families, and that the superior care of hospital attendance is counterbalanced by the encouraging influences of familiar scenes. — *Nation*.

EXTENSIVE EMPLOYMENT OF CHLOROFORM. — Prof. Simpson states ("Med. Times & Gazette," Dec. 16, 1865) that Messrs. Duneau, Flockart & Co., of Edinburgh, now make upwards of 7,000 doses of chloroform every day, counting two drachms as a full dose, or nearly 2,500,000 doses a year.

DEATH FROM CHLOROFORM. — Another death from chloroform has occurred: it was at St. Mary's Hospital. The patient was an apparently healthy man, and the operation was evulsion of the nail. Chloroform was administered on a hand-kerchief: all the proper precautions had been taken. — *Lancet*, Jan. 27, 1866.

WE are sorry to inform our readers that Dr. Clarke is quite indisposed. We miss his monthly instalment of "Clinical Experiences" sadly, but trust to find it once more in its accustomed place in our May issue.

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BOSTON, MAY 15, 1866.

[VOL. I.

TRACHEOTOMY IN CROUP.

BY I. T. TALBOT M.D., OF BOSTON.

(Continued from the March number of the "Gazette.")

THE operation is so severe and delicate in its nature, and requires such careful and unremitting after-treatment, that I have always made it a *dernier resort*, and have never had recourse to it until there seemed an absolute certainty of a speedy and fatal termination without it.

Out of fifteen operations which I have performed, five have been completely successful: while, of the ten fatal cases, four were so far advanced, that, after the opening of the trachea and insertion of the tube, artificial respiration, long and vigorously continued, was required; and, even with this aid, in two cases, the patients only partially rallied. Had the operation in these four cases been performed earlier, the chances for recovery would certainly have been more favorable. On the other hand, I have several times been called to see patients with a view to operating; but, by delaying the operation, recovery has taken place without it.

Of these fifteen cases, eleven were boys and four were girls, varying in age from fifteen months to seven years, and averaging four years and four months.

Of the five recoveries, four cases were boys and one was a girl; and the average age of these was three years and four months.

Case I. This, so far as I have been able to learn, was the first successful operation performed by Troussseau's method in this country. It took place on Sunday, June 24, 1855; and, as it is an average example of the severe cases which recovered by means of the operation, I will give it in detail.

The patient, E. H. W., jun., of Chelsea, Mass., four years and nine months old, was usually healthy and robust; but, three months previously, he had an attack of scarlatina, followed by a mild pneumonia, from which he readily recovered. Inflammation and enlargement of the tonsils, however, succeeded, and continued up to the time he was attacked with croup. The hoarseness and difficult respiration concealed from the parents the approach of this disease; and, on Friday, June 22, the family physician, Dr. D. A. Johnson, of Chelsea, was called, who found the disease already quite advanced. There was complete aphonia, with considerable dyspnoea; stridulous respiration; and a dry, shrill, and metallic cough. Upon the posterior fauces, an exudation of lymph was discovered, which extended to the left tonsil. He continued to grow worse till Sunday noon, when, for the first time, I saw him, in company with Dr. Johnson, and Dr. Samuel Gregg of Boston. There was extreme dyspnoea, threatening suffocation; the face was livid, lips purple, alæ of nose pinched and contracted; eyes dull and staring; head hot, and brain evidently much congested; extremities cold; skin livid, and covered with a clammy perspiration; pulse small and wiry, but very rapid.

The child had slept but very little for two days, and was now constantly throwing himself about; often clutching at his throat, as if to tear away something; and calling upon his parents to "take me." He required to be carried in an upright position, throwing his head backwards, and exposing his neck freely. There had been but slight effort to cough for some hours.

The disease had continued four days, and, in the past few hours, the patient had rapidly grown worse. Unless some relief was afforded speedily, it was evident he could live but a very short time. Under such circumstances, it was decided,

in consultation, that tracheotomy presented the only means of relief. When the decision was made known to the parents, they consented to the operation.

At half-past twelve the operation was performed as before described. Ether was not administered, from fear that it might increase the asphyxia: but later observation has convinced me that this effect does not follow its use on such occasions, the muscular relaxation, caused by the ether, usually improving the respiration; while, at the same time, the circulation is stimulated and quickened by it.

An incision, an inch long, was made through the skin. A large vein traversed the thyroid isthmus diagonally; but this was carefully depressed by Dr. Johnson, by means of a retractor, so that it was not wounded during the progress of the operation, and the hemorrhage was slight in quantity from the wound. The three rings immediately below the cricoid cartilage were divided, and the incision was opened by the dilating forceps. On the first entrance of air into the trachea, it produced a violent cough, and expelled a large mass, which, placed in water, proved to be a piece of detached exudative membrane, two and a half inches long, and from one half to five-eighths of an inch wide, and, in the upper portion, about a half-line in thickness. This bore the marks of the tracheal rings upon a portion of it.

One of Charrière's double canulas of large size was then inserted, and fastened in its place. Some coughing ensued, and the blood which had flowed into the trachea, and which was of a dark purple or nearly black color, together with considerable mucus and some portions of membrane, was thrown off through the canula. After this, he drank freely of milk and water, and then laid down, breathing quietly, and soon went to sleep.

Seven, P.M. He has slept four or five hours, during the afternoon, in perfect quiet: respiration natural and easy; pulse 120, full and strong; skin moist; slight occasional cough, ejecting only mucus from the tube. Rx Arn. 3, in water, every hour.

25th, eight, A.M. He has had a very comfortable night, sleeping quietly nearly the whole time. He awoke occasionally,

and desired cold water, which was freely given to him, and also rice-water and mutton-broth. He cannot articulate at all, but makes motions with his lips, as if speaking, which can be readily understood by his father, who is his constant attendant night and day. Pulse, 110; skin of increased temperature, but slightly moist; complexion much brighter and better than yesterday. Increased disposition to cough, with considerable mucus *râle* in right lung; slight expectoration of mucus. **R** Acon. and Arn. 3, every hour, alternately.

Three, P.M. Is more restless; skin hot and dry; cough frequent and harassing; after considerable effort, I succeeded in removing, through the tube, a small piece of firm, consistent membrane, which seemed to have been partially detached, so as to interfere with respiration. After this, he breathed more quietly, and soon fell asleep, quite exhausted. Fearing that this membrane had formed anew in the trachea, the following prescription was made. **R** Kali bichrom. 2, every two hours.

26th, seven, A.M. The boy rested quietly till nearly midnight, when his breathing became oppressed; cough frequent, hard and dry; increased fever, accompanied by great prostration. A distinct flapping sound in the trachea convinced me that some portion of the membrane was partially detached, but I was unable to remove it with forceps or the small probang. There was increased heat of the chest, and some indication of lobular inflammation. **R** Continued Kali bichrom., alternately with Phos. 3.

Six, P.M. Has had a very distressed day. At two o'clock he seemed rapidly sinking. Stimulants were freely given; and, after considerable effort, he was induced to cough, and succeeded in ejecting a piece of membrane, one and a half inches in length; since which time he has been more comfortable, though extremely prostrated. Stimulants and nutritive food to be given in as large quantities as he can be induced to take.

27th. Seven, A.M. Had another attack at three, A.M., similar to the one yesterday, but more severe. His breathing was suspended for some seconds, and he lay as if sleeping. Could be easily roused, and would resume his breathing. Camphor

was administered, and cold wet bandages were applied to the chest, which aroused him, and caused some effort at coughing, and the expulsion of another piece of membrane, of about the same size as the one thrown off yesterday. After this he seemed more quiet, and slept a few moments at a time.

Twelve, M. Has coughed a great deal through the forenoon, with frequent expulsion of thin, adhesive, glairy mucus, difficult to remove from the outer tube, and which obstructs respiration. Skin moist and cooler. Pulse 110, and stronger than yesterday.

Eight, P.M. Has been very restless and fretful. Expectoration continues profuse, and more easily extracted from the tube when he coughs. Takes more nourishment.

28th. Had a more comfortable night, sleeping, at one time, an hour quietly. Looks brighter, and says he wants "to sit up, and eat his breakfast." There are still large patches of undetached membrane perceptible on the tonsils and posterior fauces. No air passes through the larynx.

29th. Much improved. He is partially dressed, and is sitting up in a chair; has a good appetite. The paroxysms of cough are frequent and severe; expectoration, abundant and thinner.

30th. Passed a comfortable night, and seems very bright.

July 1st. The patches of membrane have diminished in size, and he seems able to draw a little air through the larynx, in inhalation.

2nd. Removed the tube, but was obliged to replace it in an hour, the respiration becoming difficult.

3rd. 10, A.M. No membrane is visible in the throat, and the swelling of the mucus surface has greatly subsided. Can articulate some words, with the tube *in situ*. Removed the tube, with the arrangement that it shall be replaced in two hours.

Six, P.M. Dr. Johnson found considerable difficulty in replacing the tube after it had been out two hours, owing to the contraction of the opening. He succeeded, however; and the patient has been very comfortable since. Removed the tube, and left a smaller one, to be inserted if necessary.

4th. Eight, A.M. Has had no difficulty in breathing without the tube, and the external opening is nearly closed.

From this time on, the patient did very well. The wound completely healed in three or four days; although there existed considerable bronchial irritation, with cough and copious expectoration, for two or three weeks. He has now become a strong and vigorous young man.

The recovery in this case must, in a great measure, be attributed to the constant and unremitting care, attention, and skill of Dr. Johnson, who, for the first five days, was summoned on the slightest occasion, either night or day; and who took personal direction of all matters pertaining to the patient. The father also was assiduous, efficient, and devoted in the care of his son. To Dr. Gregg, also, I am under great obligations for his many and excellent practical suggestions. In the next number of the "Gazette," some further cases will be presented.

CLINICAL EXPERIENCES IN RELATION TO THE DOSE.

BY HENRY B. CLARKE, M.D., NEW BEDFORD.

(Continued from page 58.)

Bryonia.—My experience with this medicine has been mainly with the lower dilutions, and of them I have come to prefer the first decimal in ordinary cases. I have never seen any aggravation of symptoms or ill effects from this dose, while it has often served me more efficiently than smaller ones.

As an example of this, I am reminded of a case of pleurisy, with effusion, in which I had most striking effects from Bry. 1 when the influence of the 3d was barely perceptible.

The subject was a naval officer, who was stationed on the blockade off Wilmington, in the winter of 1861. From severe exposure to wet and cold, he had a violent attack of pleurisy of the right side. After treatment on board ship and in hospital, he came home in May, 1862, very much reduced in flesh

and strength, with a hacking cough, hectic fever, and night-sweats, altogether presenting a most unpromising group of symptoms. Yet an examination showed nothing wrong about the chest, except dulness and absence of respiratory murmur over lower half of right lung.

This gentleman was under my care for more than a year, but finally recovered, and returned to his duty. During this time, he suffered much from repeated attacks of pleuritic pain in the affected side. The pain, when acute, was not shooting, but constant: aggravated by taking a long breath, by coughing, and by movement, and accompanied by tenderness of the walls of the chest. A feeling of soreness followed the acute period of the attack. For these symptoms I gave, at first, Bry. 3, the effect of which, though beneficial, was slow and uncertain. Afterwards, upon giving the 1st, the relief which followed was so decided and complete that the patient came to rely upon it with the utmost confidence.

In nervous headache, in my own person (an affection to which I have been subject for many years), have I also experienced the efficacy of the 1st, while the higher dilutions were useless. Attacks of this headache are induced by "getting cold," by excitement, fatigue; frequently by going out at night, from a warm bed, when the air is damp and chilly. A paroxysm usually lasts from twenty-four to thirty-six hours, culminating in a few hours of intense suffering, when vomiting occurs, which, although aggravating the pain for the moment almost beyond endurance, is the signal for its decline and termination. A sense of chilliness prevails during the attack, and the digestive functions seem to be suspended. Latterly, by the early and persistent use of Bry. 1, I have been able to check and avert the usual course of these attacks, which formerly resisted all efforts at amelioration.

Calc. Carb. I have used mostly at the thirtieth, though not unfrequently as low as the third. I have not seen the positive influence from this medicine, in any preparation, that one would be led to expect from the importance given to it in homœopathic literature; and my experience has not determined a preference for one dilution over another.

Cantharides has always proved reliable at the third, which I most frequently prescribe. If the case be one indicating great susceptibility, I choose the sixth; but, on the other hand, I have often given the first without, as I can remember, ever inducing any aggravation of its symptoms. In a certain form of diphtheria, I have found *Canth.* of the greatest efficacy. The indications which determine its selection with me are the following: Diphtheritic patch well defined, resting upon bright scarlet membrane; pain in throat, even when at rest; pains shooting to the ears; suppression of urine; little or no swelling of the glands.

Carb. Veg.—What I have said regarding *Calc. Carb.* will apply as well to this medicine.

Chamomilla.—My use of *Cham.* has come to be limited, almost exclusively, to the affections of young children, in which I commonly give the third dilution. When this dilution has not succeeded, I have found no advantage in giving a lower one. In the griping of new-born infants, nurses very frequently report its successful use.

China.—I have had better results from *China* at the third and higher, than in a lower, dilution. In nursing women who are exhausted by the drain upon their system, and in those who have become weakened by hemorrhages, I have often seen decided benefit from these small doses, when the first dilution, or ordinary doses of quinine, would cause a sense of oppression in the chest, and disagreeable head symptoms.

But there is another class of cases wherein *quinine* has proved of superior efficacy to any dilution of *China*. It has been so with the straggling cases of intermittent fever which are imported here; in camp-diarrhoea, and other affections which have been acquired in malarious districts. The same may be said also of some neuralgic affections, characterized by periodicity.

The following case is an example: A lady living well, in a fine, airy situation, aged about forty; full stature; strong, mentally and physically; light eyes, brown hair,—after having a cold for a week, was taken, on the evening of Dec. 21, 1865, with a very severe pain in the left

temple and face, extending to the teeth. The pain was sharp and tearing; at times accompanied by throbbing in the forehead. There was also a sense of chilliness; she kept her head covered with blankets. The pain prevented sleep during the night; but, on the following day, there was a slight discharge from the left nostril, and the pain abated. I was called in the evening. Prescribed Acon. 10. During the night of the 22d, she was suddenly awakened with another onset of the terrible pain, which, after a few hours' duration, again gradually abated, leaving her, however, with a constant pain of a burning character, which affected the eyeball, and rendered the least light intolerable. The next night, the attack again returned, and continued to do so for upwards of two weeks; the patient, meantime, becoming very irritable. She got Ars., Chin., Nux, Cham., Puls., and Val. Zinc. The two latter medicines seemed at times to palliate the pains; but, up to the seventh day, there was no abatement in the severity of the attack, though the time of their recurrence grew gradually later. I then gave quinine, one half-grain doses, every three hours. Under this, the attacks were less severe. On the tenth, I increased the dose to one grain every two hours.

From this time on, the paroxysms were much less severe and longer delayed, until they disappeared altogether.

SPOTTED FEVER.

BY J. HEDENBERG, M.D., MEDFORD, MASS.

ON Sunday afternoon, Jan. 28, I was called to see Izetta M., aged twelve years, and found, that, on the Monday preceding, she had, while at school, stood so near a stove, used to warm one of the rooms, as to touch her right knee, producing vesication over a space as large as a silver dollar. The mother said the burn seemed to do well enough; and, on Wednesday afternoon, as the school had no session, she was out skating.

She came in cold, tired, and stiff: the burn looked angry, and required poulticing. From that time, she had not seemed well; and had taken from her mother some domestic remedies, herb teas, &c., for the purpose of producing perspiration, but without effect.

She was sitting up, with the leg supported upon a pillow. The burned surface seemed to be healing, though the limb was hot and swollen. She complained of soreness, and that it hurt her to move it. There was general heat of the surface, and a rapid pulse, tongue clean. I was asked whether I thought she had, or was going to have, a run of fever. I told them it was impossible to say with certainty; but, from the history given, I thought the burn, and the exposure skating, as it was intensely cold weather, were sufficient to account for the symptoms presented.—Aconite 1 every two hours.

Monday. Was surprised to find no improvement; fever not abated, stiffness and soreness not diminished. No new symptoms presenting, I prescribed Aconite and Rhus, in alternation, every hour.

Tuesday. Fever still continuing, I prescribed Baptisia, and ventured to assure them of a run of fever, probably typhoid.

Wednesday. Patient worse; involuntary discharges of urine in bed. Continued Baptisia.

Thursday. This morning my attention was drawn to great swelling of the hands. I found, on the left thumb, a petechial spot, as large as a five-cent piece, nearly black, and much elevated. On examining the hands, I noticed that the ends of the fingers were all in the same condition, except that the spots were not elevated, the discoloration extending under the nails. The feet were much swollen, and, on the soles, the same petechial spots were observed. Spots were also found on the limbs. The face was somewhat swollen; the pupils irregular, the right much dilated; and the intellect dull, though she answered questions correctly on being roused. She said nothing, and was as motionless as though paralyzed. There were involuntary discharges of urine and faeces. Dr. Talbot saw her in consultation at noon, and agreed with me in the diagnosis and prognosis given to the family. Prescribed Gel-

seminum and whiskey. She continued to sink, in spite of medicines and stimulants. On Sunday, there was subsal-tus; and death occurred at four o'clock, A.M., on Monday, Feb. 5.

The parents of this child reside upon a farm in a healthy location. There was no sickness in the family or neighborhood at the time, and no similar case has occurred in town, so far as I can ascertain.

Spotted fever prevailed in New England half a century ago. An epidemic of it occurred in Western New York in 1857, and in the vicinity of Philadelphia in 1863. It has made its appearance, though not to so great an extent, in numerous other localities. Interesting accounts of it, as it appeared in New York and near Philadelphia, may be found in the "Transactions of the New-York State Medical Society" for 1858, and in the "American Journal of the Medical Society" for 1863.

COLLINSONIA IN PRURITIS.

BY A. M. CUSHING, M.D., LYNN, MASS.

I WAS called, Feb. 9, to see Mrs. B., then eight months advanced in pregnancy. I found the genitals considerably swollen and inflamed, very sore, so that she could neither walk, lie down, nor sit, except upon the edge of her chair. The itching was intolerable, and the patient was almost delirious. Various remedies had been tried without benefit. At eleven o'clock, A.M., I prescribed Collin. 3, in water, a teaspoonful every hour. The patient continued the same until towards evening, when the itching began to subside, the swelling to lessen, the muscles to contract, and, to use the patient's own words, "every thing went to its place;" and, so great was the relief, that it was followed by complete syncope. The patient was confined, March 8; and when I last saw her, April 12, she had had no return of the disease.

The New-England Medical Gazette.

BOSTON, MAY 15, 1866.

IT was Benjamin Franklin who said, that, when he considered the multitude of diseases to which humanity is liable, he thought it a cause for gratitude that he had himself but three incurable ones: gout, stone, and old age. Keeping in view the meek example of our great philosopher, and following in the same submissive path, we ought as a nation, considering the numberless calamities to which we might be subjected, to be grateful indeed that but three at this moment seem impending; viz, cholera, cattle-plague, and the trichina disease. The interest in the two latter, however, is now merged completely in the former. Indeed, Asiatic Cholera can at the present time hardly be said to be impending. It is not coming, it has already come. The "England" brought to Halifax, on the 9th of April, 160 cases; and the "Virginia" arrived, on the 18th, at New York, with a still greater number. Thanks to the efficient quarantine regulations, which some of our friends who do not yet believe in the contagiousness of cholera think unnecessary, the disease is still confined to the harbor of New-York City. Sooner or later, however, somebody fresh from the cholera districts of the Old World will, somewhere along our seaboard, elude the vigilance of the quarantine, and we shall find our streets and our homes invaded. Are we prepared for the invasion? As yet this question can scarcely be answered in the affirmative; but the authorities are at last earnestly engaged in preparatory sanitary improvements, and we shall soon be in readiness, in this respect, for the worst. The municipality of New York, under the stimulus of the "proclamation of peril," are vigorously at work; and in our own city a thorough sanitary inspection began on the first of the month, which promises excellent results. As regards medicinal treatment in cholera, we know of nothing surpassing or even equalling in its favorable results the legitimate treatment of our school. Our camphor and cuprum, our veratrum and arsenicum, have borne us triumphantly through similar epidemics years ago, when failure would have been disgrace and irretrievable loss. We did not fail then; we succeeded. And now, with more experience and strength and with equal courage, we confidently anticipate a success still more decided.

NEW MODE OF PRODUCING LOCAL ANÆSTHESIA.

IN a recent number of the "London Medical Times and Gazette" are some observations on the method of Dr. B. W. Richardson for producing local anæsthesia. Dr. Richardson's theory is that arrest of oxidation is arrest of motion, complete inertia of the molecules is anæsthesia,— temporary death of the part. He has been experimenting some years to find a narcotic which he could combine with extreme cold, for local application. As a result of his labor, an apparatus has been devised, consisting—

"simply of a graduated bottle for holding ether. Through a perforated cork, a double tube is inserted, one extremity of the inner part of which goes to the bottom of the bottle. Above the cork, a little tube, connected with a hand-bellows, pierces the outer part of the double tube, and communicates, by means of the outer part, by a small aperture, with the interior of the bottle. The inner tube for delivering the ether runs upwards nearly to the extremity of the outer tube. Now, when the bellows are worked, a double current of air is produced; one current descending and pressing upon the ether, forcing it along the inner tube, and the other ascending through the outer tube, and playing upon the column of ether as it escapes through the fine jet. By having a series of jets to fit on the lower part of the inner tube, the volume of ether can be moderated at pleasure; and, by having a double tube for the admission of air, and two pairs of hand-bellows, the volume of ether and of air can be equally increased at pleasure, and with the production of a degree of cold six below zero.

"By this simple apparatus, at any temperature of the day, and at any season, the surgeon has thus in his hands a means for producing cold even six degrees below zero; and, by directing the spray upon a half-inch test-tube containing water, he can produce a column of ice in two minutes at most. Further, by this modification of Siegel's apparatus, he can distribute fluids, in the form of spray, into any of the cavities of the body,—into the bladder, for instance, by means of a spray catheter, or into the uterus by an uterine spray catheter.

"When the ether spray thus produced is directed upon the outer skin, the skin is rendered insensible within a minute; but the effects do not end here. So soon as the skin is divided, the ether begins

to exert, on the nervous filaments, the double action of cold and of etherization; so that the narcotism can be extended deeply to any desired extent. Pure rectified ether used in this manner is entirely negative: it causes no irritation, and may be applied to a deep wound, as I shall show, without any danger. I have applied it direct to the mucous membrane of my own eye, after first chilling the ball with the lid closed."

He has tested the efficacy of his method, in several minor operations, with success. Of one instance of its successful application, he remarks as follows:—

"I have used the apparatus also in connection with my friend Mr. Adams, who had a case at the Great Northern Hospital of deep dissecting abscess in the thigh of a young woman. In the abscess there was a small opening, which just admitted the director. I first narcotized around this opening; and, the director being introduced, Mr. Adams carried his bistoury nearly an inch deep, and one inch in the line of the director. I then narcotized the deep-seated parts, and enabled him to cut for another inch and a half in the same direction. The director was then placed in the upper line of the abscess; the process was repeated, and the incision was carried two and a half inches in that direction. The patient was entirely unconscious of pain; and, after narcotizing the whole of the deep surface, Mr. Adams inserted his fingers and cleared out the wound, without creating the slightest evidence of pain."

He remarks, in conclusion, that re-action is not painful; and that hemorrhage is almost entirely controlled during the continuance of the anæsthesia. The ether used must be the pure rectified: methylated ether, and chloroform unless largely diluted with ether, cause irritation.

Since the publication of Dr. Richardson's method, Dr. Henry J. Bigelow, of this city, has published, in the "Boston Medical and Surgical Journal," an article on the same subject, in which he claims to have discovered, that a petroleum naphtha, which he proposes to call "rhigolene," is better adapted to the purpose of local freezing than ether. He says:—

"When it was learned here that Mr. Richardson, of London, had produced a useful anæsthesia by freezing, through the agency of ether vapor, reducing the temperature to 6° below zero, F., it oc-

curred to me that a very volatile product of petroleum might be more sure to congeal the tissues, besides being far less expensive, than ether. Mr. Merrill, having, at my request, manufactured a liquid of which the boiling-point was 70° F., it proved that the mercury was easily depressed by this agent to 19° below zero; and that the skin could be, with certainty, frozen hard in five or ten seconds. A lower temperature might doubtless be produced, were it not for the ice which surrounds the bulb of the thermometer. This result may be approximately effected by the common and familiar "spray producer," the concentric tubes of Mr. Richardson not being absolutely necessary to congeal the tissues with the rhigolene, as in his experiments with common ether. I have for convenience used a glass phial, through the cork of which passes a metal tube for the fluid, the air-tube being outside, and bent at its extremity so as to meet the fluid-tube at right angles, at some distance from the neck of the bottle. Air is not admitted to the bottle, as in Mr. Richardson's apparatus, the vapor of the rhigolene generated by the warmth of the hand applied externally being sufficient to prevent a vacuum, and to insure its free delivery: 15° below zero is easily produced by this apparatus. The bottle, when not in use, should be kept tightly corked, a precaution by no means superfluous, as the liquid readily loses its more volatile parts by evaporation, leaving a denser, and consequently less efficient, residue. In this, and in several more expensive forms of apparatus in metal, both with and without the concentric tubes, I have found the sizes of 72 and 78 of Stubs's steel-wire guage to work well for the air and fluid orifices respectively; and it may be added, that metal points, reduced to sharp edges, are preferable to glass, which, by its non-conducting properties, allows the orifices to become obstructed by frozen aqueous vapor.

Freezing by rhigolene is far more sure than by ether, as suggested by Mr. Richardson; inasmuch as common ether, boiling only at about 96° instead of 70° often fails to produce an adequate degree of cold. The rhigoline is more convenient, and more easily controlled, than the freezing mixtures hitherto employed. Being quick in its action, inexpensive, and comparatively odorless, it will supersede general or local anæsthesia by ether or chloroform, for small operations, and in private houses. The opening of felonies and other abscesses; the removal of small tumors; small incisions, excisions and evulsions, and perhaps the extraction of teeth,—may be thus effected with admirable ease and certainty: and for these purposes surgeons

will use it, as also, perhaps, for the relief of neuralgia, chronic rheumatism, &c., and as a styptic, and for the destruction, by freezing, of erectile and other growths. But, for large operations, it is obviously less convenient than general anaesthesia, and will never supersede it. Applied to the skin, a first degree of congelation is evanescent: if protracted longer, it is followed by redness and desquamation, which may possibly be averted by the local incisions; but if continued, or used on a large scale, the dangers of frost-bite and mortification must be imminent. It may be superfluous to add, that both the liquid and the vapor of rhigoline are highly inflammable."

MASSACHUSETTS HOMœOPATHIC MEDICAL SOCIETY.

ANNUAL MEETING, 1866.—*Morning Session.*

THE Society met at the vestry of Tremont Temple, Boston, Wednesday, April 11, at 10 A.M.

The President, W. F. Jackson, M.D., of Roxbury, called the meeting to order, and read an address which contained a *résumé* of the Society's proceedings since its organization, in December, 1840. The address was listened to with much interest.

After the records of the last meeting were read, the Society elected, as members, William H. Lewis, M.D., Boston; George F. Putnam, M.D., of Boston; Levi Pierce, M.D., of Charlestown; A. M. Cushing, M.D., of Lynn.

The Executive Committee reported that they had held, during the year, one special and four regular meetings, at all of which the members had exerted themselves to be present, showing an active interest in the welfare of the Society; and they felt assured that the Society was never in so prosperous a condition as at present.

The Treasurer reported that the Society was free from debt, and had a balance of \$435.71 in the Treasury.

The Committee on Pharmacy, H. L. Chase, M.D., chairman, reported "That they had given much time and attention to the careful preparation of pure medicines for the profession. They have prepared nearly one hundred different medicines, which they have no hesitation in recommending as being perfectly reliable; pledging their words that they are just what they purport to be,—pure and unadulterated, and prepared in what they believe to be the best manner. They have exercised the greatest care in the selection of the material from which to manufacture these medicines, personally collecting many of the plants, and, when that was impossible from the nature of the case, obtaining them from the best known sources. Arrangements have also been made for procuring foreign tinctures from one of the best phar-

macies in Dresden, some of which have already been received; in all cases these will be marked "Imported." Those physicians who have used these medicines have expressed their commendation in the highest terms. It is hoped that all the members of the Society will at least make a trial of these, so that your Committee may be encouraged to continue their labors. They feel confident that no better medicines can be obtained; and that, when once used, they will receive the preference over all others."

The Committee on the *Materia Medica*, H. L. Chase, M.D., chairman, reported that circulars had been sent to ninety-three members, from only twelve of whom had he received any response. Ten expressed their willingness to assist in proving medicines, one peremptorily refused, and one, owing to sickness, declined. Five only of the entire number assisted in proving medicines. The Sulphate of Anilin was distributed to those who have expressed their willingness to aid the Committee; but sufficient provings have not yet been received to enable the Committee to make a full report.

The Committee on Clinical Medicine, S. M. Cate, M.D., stated that he had sent out circulars to all the members of the Society, and had received returns from only three persons,—one of these regretting that he had nothing to communicate. He then read such reports as he had been able to gain from these and other sources, which he deemed of interest and importance.

The Society adjourned to the Social Hall, where a bountiful collation was tendered them by the President, to whom a unanimous vote of thanks was given for his generosity.

Afternoon Session.

The Society re-assembled at one o'clock, when the orator, H. L. Chase, M.D., delivered the annual address.

It was a concise and well-written production, setting forth the present position of homœopathy, and the necessity for its advancement by means of thorough and careful drug-provings, in which field he urged the members to labor earnestly. A vote of thanks was tendered to Dr. Chase for his exceedingly interesting address, with a request that a copy of it should be furnished the Committee on Publications, with instructions to publish the same. A vote of thanks was also given to Dr. Jackson for his opening address, and a copy of it requested.

The Society then elected the following officers for the ensuing year:—

President, S. M. Cate, M.D., of Salem.

Vice-Presidents, I. T. Talbot, M.D., of Boston; H. L. Chase, M.D., of Cambridge.

Corresponding Secretary, C. H. Farnsworth, M.D., of East Cambridge.

Recording Secretary, L. Macfarland, M.D., of Boston.

Treasurer, T. S. Scales, M.D., of Woburn.

Librarian, J. H. Woodbury, M.D., of East Boston.

Censors, E. U. Jones, M.D., of Taunton; C. Wesselhoeft, M.D., of Dorchester; B. de Gersdorff, M.D., of Salem; W. F. Jackson, M.D., of Roxbury; J. P. Paine, M.D., of Roxbury.

On motion of Dr. Chase, a vote of thanks was given to Dr. I. T. Talbot for his assiduous and faithful performance of the duties of Recording Secretary for the past five years.

The Librarian, J. H. Woodbury, M.D., made an interesting report, which was referred to the Committee on Publication. The library at present contains about one thousand volumes stored in various places. He recommended that these books should be brought together, and carefully arranged in some appropriate place; and that the Society should make this library as complete as possible in all the publications pertaining to the science of homœopathy.

The Secretary reported the following delegates in attendance upon the meeting:—

Professor J. Beakley, M.D., of New-York City; S. S. Guy, M.D., of Brooklyn, N.Y.; L. de V. Wilder, M.D., of New-York City; L. B. Wells, M.D., of Utica, N.Y.; W. A. Hawley, M.D., of Syracuse, N.Y.; S. E. Swift, M.D., of Colchester, Conn. Also the following corresponding members: H. M. Paine, M.D., of Albany, N.Y.; H. D. Paine, M.D., of New-York City; A. Morrill, M.D., of Concord, N.H.

The President welcomed these gentlemen to the Society, which would be happy to hear from them.

Professor Beakley remarked, that he was delegated by the New-York State Society to bring before this Society, for its consideration, the subject of a re-organization of the American Institute, so as to make that Association a delegated body. In the opinion of the New-York Society, it was of great importance that there should be some central organization, in which all the societies and institutions of our school could be represented, and which could consider and act upon all the great national questions affecting the progress of our science. He hoped this Society would so express its sentiment, that, at the next meeting of the Institute, that body would feel justified in making the changes which have already been proposed.

Dr. Talbot said he was glad to hear such sentiments emanating from the New-York Society, and desired to present the following resolutions for consideration:—

Resolved, That the Massachusetts Homœopathic Medical Society regards with intense interest the continuance and prosperity of the American Institute of Homœopathy, the oldest national medical association in this country; and would desire to impress upon its members the importance of bringing together from different sections the leading members of our profession, to consult together, and take such action as may be for the best interest and advancement of medical science.

Resolved, That since the very great number of homœopathic physicians in the United States precludes the possibility of any considerable portion of these being present at any stated meeting of the Institute, the time has arrived for making this Institute a delegated body, so that every association and institution of our school may be properly and equitably represented at its meetings.

Dr. Chase seconded the resolutions.

Dr. Gregg, of Boston, said he had always taken a great interest in the meetings of the American Institute from their commencement. The earlier meetings had been of especial service in the progress of homœopathy. But the meetings had not increased in importance in proportion to the number of members. He thought it would be desirable to make it a delegated body.

Dr. H. D. Paine, of New-York City, said he strongly favored this movement, which he thought would have the effect to increase the importance and efficiency of the Institute.

Dr. Guy, of Brooklyn, president of the American Institute, said that the first element for efficiency in any association is a thorough and complete organization. The American Institute has always been a voluntary organization, and as such has shown very little power in the development of practical results during the past twenty years. The New-York State Society, during the first ten years in which it existed as a voluntary organization, accomplished very little besides the publication of a few popular addresses. Since its organization as a delegated body, its activity and usefulness has greatly increased; and it now annually fills with its transactions a volume of five or six hundred pages. Each committee now feels its responsibility, and does its work well; and if, as he hoped, the American Institute adopts the same plan of organization, it would, by its increased efficiency, become a power in the United States, and its influence would be felt over the whole world.

Dr. H. M. Paine, of Albany, gave an interesting account of the successful labors of the New-York State Society, as a delegated body; and he hoped the same plan would be adopted by the American Institute, feeling sure that its influence and usefulness would be greatly increased thereby. After further discussion, by various members, the resolutions were unanimously adopted.

Dr. Wells, of Utica, said, while he was happy to be at this meeting, he felt greatly encouraged in seeing so large a number present. He gave an interesting account of the progress of homœopathy in New York, which now has twenty-four county societies; and while, twenty years ago, there was but one homœopathic physician in Utica County, now there are fourteen; and in the same time the number in the State had increased from forty to six hundred. The delegated plan of the State Society had greatly increased its efficiency.

Dr. Wilder, of New York, expressed his pleasure in meeting with this Society, which seemed alive to the interests of our cause. Homœopathy is rapidly increasing in New York, in a manner evident to all observers. Where, a few years ago, it was ridiculed, it is now believed in; and many who scoffed at it then, now owe their lives to it. The college in New York is very prosperous, having had, at the session just closed, eighty students and forty graduates, showing a rapid increase in the five years it has been in existence. The system of instruction is thorough and careful, and this college has educated some of the most promising students in the country. He hoped the profes-

sion would appreciate the advantages which the homœopathic college gives to one intending to practice homœopathy, and would sustain it by their influence.

Dr. Hawley, of Syracuse, would only add his testimony to the great progress of our noble cause; and especially to the kindly feeling existing between the New York and Massachusetts societies, which he hoped to see continued by the interchange of delegates.

Dr. Swift, of Connecticut, said that homœopathy was gaining in his State. A Society has been chartered by the State, which, though small, is an active body, and is doing much for our cause.

Dr. Talbot, from the Committee on Dr. Linnell's address, said the Committee had carefully examined the various subjects contained therein, and were prepared to report on but one of these at this time. The Committee considered it important that there should be published in New England a journal supporting homœopathy. This had been accomplished by the establishment of the "New-England Medical Gazette." This is placed upon a permanent basis by an association pledged to its support; and it is hoped that every physician of our school will feel a personal pride to make it a valuable journal, and a fit exponent of our principles.

Dr. Thayer, from the Committee on Life Insurance, reported that, as there is a company in Cleveland, Ohio, which proposes to open an office here, to insure lives of homœopathists at a lower rate than others, it was thought best not to organize another company.

The Report was accepted, and the Committee discharged.

Dr. Guy, of Brooklyn, made a statement as to the plan and workings of the Cleveland Company; and bespoke for it the aid and support of all homœopathists, as its success must necessarily add to the influence of homœopathy.

Dr. Paine, of Albany, announced that a new company had been organized in New York upon the same principle.

Dr. Thayer wished to add to his report, made at the last session, upon "China in biliary calculi," that he had since treated several severe cases of this disease, and completely cured them. He gives from the third to the sixth potency, at gradually lengthened intervals.

After some very interesting discussion on this subject, the Society adjourned to $7\frac{1}{2}$ P.M.

Evening Session.

At the appointed time, the Society was called to order by the President.

Dr. A. J. Bellows read a paper on the "Bible of Homœopathy."

Brigadier-General E. A. Wild introduced to the inspection of the meeting, and strongly recommended, the patent arm and leg invented by Condell. These were examined by the members with much pleasure.

Dr. A. M. Cushing, of Lynn, exhibited an unusual specimen of a tumor which had just been excised by Professor Beakley. It was

apparently an immense *verruca* or pediculated wart about the size of a hen's egg, connected with the cuticle near the *symphyses pubis* by a pedicle *eight inches long* and one-third to one-half inch in diameter. The patient was a female, thirty-five years old; and the tumor had been eight years in growing. There were also two or three smaller ones not removed. This pedicle was ligated firmly, and then excised, causing but very little pain or hemorrhage.

Dr. Talbot, chairman of the Committee on Cholera, stated that the Committee had held meetings for the consideration of the subject; and that two physicians, Drs. Gregg and Thayer, had been appointed by the Boston Academy to unite with them as a Cholera Commission, in case the cholera should appear in this section. This Commission, had entered into a correspondence with several physicians familiar with the disease, and hope to be prepared to render efficient service in case the disease in a severe form should visit us.

The subject of cholera was then discussed, and Dr. Gregg related his experience during the last cholera epidemic. The remedies which proved the most effective were Camph., Arsen., Verat., Carbo veg., and the free use of cold water. Hot bottles applied to the spinal region would often be followed by immediate convulsions; but cold embrocations around the body gave great relief to the patient.

Dr. Guy said that he had cholera himself in 1856; and though his medical attendant declared that his extremities were as cold as ice, his own sensations were those of extreme heat; and the application of cold was very grateful to him.

Dr. Talbot related a case which had recently occurred in his practice, in which, at six months' term, a woman was delivered of four infants,—three males and one female. The aggregate weight was six and a half pounds, and the male children were of usual size; but the female was much smaller, having apparently been dead about two months. The first and second were alive at birth, but lived only a few hours. There was but one placenta divided into four compartments, each child having a separate amnion, while one chorion enveloped the whole. The specimens were shown, and examined by the members.

He also exhibited a fibrinous mass thrown off on the preceding day by a patient during menstruation. The mass resembled a cast of the cavity of the womb, and was hollow. The patient supposed she had miscarried, but there was no appearance of conception having taken place.

After some further discussion, the Society, at half-past nine, adjourned to the Social Hall, where a collation awaited them; and spent the remainder of the evening in the interchange of friendly sentiments. This meeting was one of the largest and most interesting the Society has ever held, more than eighty physicians having been present during its sessions.

The semi-annual meeting, to which the Society adjourned, will take place on Wednesday, the 10th of October, 1866.

I. T. TALBOT, *Recording Secretary.*

MEDICAL PROVINGS.

WE commence, in this number, the publication of a proving of *Rhus Venenata*, by Dr. Oehme. Instead of issuing, in an appendix, as originally proposed, we have finally determined to combine, in a compact form, all provings of this nature with the reading matter of the "Gazette." This, however, is a temporary arrangement to preserve and render them immediately available. When, through the industry of our friends, a sufficient number of provings shall have been furnished us to warrant it, we propose to revise them, reprint in larger type, and present them to our subscribers, in a handsome and convenient form, as a separate volume.

SANITARY MEASURES IN NEW YORK.

IT is asserted that the streets of New York have been swept. Lest some of our readers should under-estimate the importance and novelty of the feat, we subjoin a few *morceaux* from the "New-York Post" in regard to the condition of the streets a short time ago:—

"The following is the report of the Inspector of the First District (comprising the First, Second, Sixth, and a part of the Fourth wards) to the Sanitary Superintendent, in relation to the condition of the streets in his district:—

'The streets within the First Sanitary District are mostly in a very filthy condition.

'Stone Street, near Broad, presents a dunghill, particularly in front of houses Nos. 22 to 26. The filth is here several feet high, in which may be found garbage, ice, straw, egg-shells, decomposed potatoes, &c. The keeper of the liquor store No. 22 was very reserved in his statements, but could not remember when that street was cleaned. The female inhabitants of No. 26 state positively that that street has not been cleaned within the last seven or eight months, but they saw Broad Street cleaned last week.

'Beaver Street is in a very bad condition.

'Water Street is very dirty; near Broad Street the gutters are entirely blocked up with dirt.

'Pearl Street, below Hanover Square, is the worst of all; crossing here would be impossible; the accumulation of dirt is beyond all imagination.

'Cliff Street has been swept only once since last Fall, says a saloon-keeper at No. 91.

'Frankfort Street is also in a bad condition. People living in this street have not seen it cleaned for a long time.

'Ro-e and Vandewater Streets were cleaned this week, and now present a good appearance.

'Baxter, Park, Worth, Mott, and Mulberry Streets are in a very insalubrious condition. It is said that Baxter Street has been cleaned only once since New Year's.'"

NOTES ON THE CATTLE PLAGUE.

CONSUL Anderson writes from Hamburg of his refusal to certify to invoices of hides; and advises the refusal by Custom Houses of all entries of hides, tallow, or bones of cattle. He thinks a perfect despotism should be exercised along our seaboard to prevent the introduction of the cattle disease.

Consul Dudley, at Liverpool, gives a history of the efforts made in England for the prevention and cure of the cattle-plague, which have proved, mainly, unavailing; and suggests sending a commission to Europe by our Government to examine and report upon its nature, and the means of prevention and amelioration. He also recommends further legislation for greater security. He also refers to attempts to send hides from an infested district to this country.

Consul Abbott, at Sheffield, writes that the farmers, who at first opposed extreme measures, now demand the most vigorous measures.

The Commissioner of Agriculture has furnished Congress with a brief history of the cattle-plague, which is officially declared to be identical with the rinderpest, and with the fatal murrain of 1845. It is shown, that, in 1862, it destroyed 15,000 of the 276,000 cattle attacked in the Austrian dominions. In 1858 it overran Hungary and other Austrian dependencies, killing from 65 to 98 per cent of those attacked. The commissioner reports, that France, by prompt action, extirpated the disease last autumn with the loss of 93 cattle; and afterwards, when introduced into the Paris Jardin D'Acclimation, it was again extirpated, with the loss of 35 animals.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THIS Association will hold its next session at Pittsburg, Pa., on Wednesday and Thursday, June 6th and 7th, 1866. The customary preliminary meeting will probably be held on the Tuesday evening previous. The Pittsburgians were very anxious last year to have this meeting in their city, and will no doubt do every thing in their power to make it one of the largest and most interesting meetings the Institute has ever held. If the work of thorough re-organization proposed last year at Cincinnati can be fully completed, and the Institute become a body truly representative of the homœopaths and homœopathic institutions of the United States, with delegated powers to act on all national questions, a new life will be infused into it which will be felt throughout the length and breadth of the land.

We would urge upon all interested in the progress of homœopathy to make a special effort to be present at this meeting. *

ANTAGONISTIC ACTION OF OPIUM AND BELLADONNA.—A most instructive case, illustrative of the mutual antidotal properties of Opium and Belladonna, is published by Dr. Taylor in Guy's Hospital Reports. It is that of a girl who had swallowed by mistake for black draught an ounce and a half of laudanum. The patient was not seen till two and a half hours after the poison had been taken. The employment of the stomach pump, and of injections of coffee and sulphate of zinc, failed to prevent coma. The laudanum was taken at a quarter to seven in the evening, and, at half-past one A.M., insensibility was complete; the surface was cold, the breathing stertorous (six per minute), pulse quick and small, lower jaw dropped, pupils quite contracted. Galvanism was now used, and, by its means, the patient was compelled to swallow sixteen grains extract Belladonna, given in divided doses during three hours. Shortly after its administration, the improvement was manifest, and, at seven o'clock in the morning, the girl could be roused by loud talking; and she afterwards completely recovered. What is most remarkable in this case is the fact, that none of the symptoms of Belladonna poisoning were shown, thus proving that the Belladonna acted perfectly as an antidote to the Opium. Evidently, too, its action can hardly have been upon the Opium, so much as upon the nervous system already narcotized.

THE French Government has sent a commission to Germany to study the trichina disease.

STOMATOSCOPE.—A new instrument, to be termed the *stomatoscope*, was exhibited last week to the Paris Surgical Society by its inventor, Professor BRUNS, of Breslau. A platinum spiral wire (enclosed in a box-wood cup, to prevent the transmission of heat), brought to a red heat by the passage of an electric current from two of Middeldorp's elements, is placed in the mouth, behind the teeth. The light reflected by a very small mirror is sufficiently intense to render the jaw transparent, so as to allow of the vessels proceeding to the roots of the teeth, the smallest specks of caries, &c., &c., becoming visible. By reason of the transparency, even the labial coronary artery may in some subjects be seen at the level of the commissure, and its course followed. The instrument is therefore likely to form a useful means of exploration in dental affections.—*Medical Times and Gazette.*

EPIZOÖTIA AMONG THE SPARROWS.—The “Union Médicale,” after referring to the epidemic among the gallinaceous birds, which it had recorded some time previously, speaks of a disease now prevailing among the sparrows and finches. These birds are very peculiarly affected, and fly about in close proximity to human beings without the least apparent fear. This is found to be caused by a loss of sight almost complete, produced by a thick, whitish membrane spread over the surface of the eye, which almost conceals the pupil. Often the crystalline lens is completely opaque, constituting a true cataract. The poor animals actually starve to death for want of sight.—*Boston Medical and Surgical Journal.*

NORTH-WESTERN PROVERS' ASSOCIATION.—We have received the “Transactions” of a society formed by the students of the Hahnemann College of Chicago, bearing the above name. The object is excellent; and, if the energy displayed in the organization shall continue, the society will, quite unlike many others which have preceded it, make itself a name, and a worthy place in the remembrance of the profession. E. M. Hale, M.D., is the president.

WE beg to call the attention of our readers to the announcement of the Atlantic Mutual Life Insurance Company, in the “Gazette” advertising department. J. C. Clapp, Esq., is the agent for this city.

HOMOEOPATHY IN ENGLAND.—Two gentlemen in Birmingham, England, have each subscribed one thousand pounds for the erection of a new homœopathic hospital in that city.—*New-York Post.*

A CONVENTION has been called to form a State Homœopathic Medical Society in Pennsylvania. It will meet on the 5th of June next, at Pittsburg.

IT has been discovered in France that the juice of the mulberry makes excellent alcohol, quite equalling in this respect the juice of the grape.

DR. OEHME, formerly of Concord, N.H., has removed to Plymouth, Mass.

THE cattle-plague is on the decrease in Great Britain.

THE trichina disease has extended into Austria.

RHUS VENENATA, OR RHUS VERNIX.

(DOGWOOD, SWAMP SUMACH, POISON SUMACH.)

TWO PROVINGS, WITH CLINICAL EXPERIENCES, BY F. G. OEHME, M.D., OF PLYMOUTH, MASS.

THE following are the results of two provings of dogwood, made upon myself several years ago, and some experiences since, concerning its use in diseases, and the treatment of cases of poisoning with this drug.

Regarding my constitution, this only is necessary to be mentioned: medium size, robust, weight about one hundred and forty-five pounds. Ten years ago, urticaria acuta; then, for four or five months, urticaria chronica. Always great sensitiveness of the skin to mosquito-bites, or all irritations of the skin generally. Liability to diarrhoea. Piles. Generally good health.

During the two provings, I adhered to my usual plain diet.

First proving. — On the 15th September, I applied several times the juice of the plant, as it oozed from between the bark and wood of a fresh-cut branch, on an oval place about one and a half inches long and an inch broad, on the back of the left-fore arm, three or four inches above the wrist. On the same day I made a tincture of the stem, by previously cutting it in small pieces (without protecting the hands). As the bark became in this way loosened from the wood, the alcohol commenced coloring very rapidly, after being poured over the chips. On the next day I repeated several times the external application, in the same manner as before, for which purpose I had kept one stem in water. But as on the third day the tincture looked already pretty well saturated (forty-eight hours after making), I commenced taking from it every day as much as I needed, allowing the rest to grow stronger. Consequently, I used externally and internally a tincture which was becoming stronger every successive day.

From the 17th till about the 28th or 29th September, I applied the tincture three or four times a day to my arm, and took also as often, internally, four drops of the first dilution (1:9). Twenty-four hours after the first application of the juice, I perceived a slight inflammation and swelling where the application was made. On pressing this part, there was slight soreness, apparently near the bone. These symptoms increased steadily but slowly during the next eleven days, with occasional itching and burning on the place of application. On the 28th September, the arm presents the following appearance:—

The epidermis, on the place of application, can easily be removed with the finger-nail, and then little scabs form in a short time. The whole place inflamed, very much swollen, and red; almost three inches broad, and a little more than three and a half inches long; the centre redder and harder than its surroundings. A fold of the skin, on the affected part, at least six times thicker than one on a corresponding place on the other arm. When uncovered, there is little itching and burning, but very violent when covered by the shirt-sleeve (linen). Slight rubbing causes a pleasant sensation, a kind of satisfaction; scratching is painful: but both increase the itching and inflammation. A slight impression only is produced by severe pressure with the finger. The redness is not circumscribed, but passes over into an eruption, like measles. The arm measures on the affected place, in circumference, almost an inch more than the other arm. The surrounding parts itch more than the place of application, although the latter is the chief seat of the disease.

30th September. At dawn of day I was awakened by violent itching. The swelling is five and a half inches long. Considerable œdema, especially on the side of the ulna, and a half-inch above the affected part. When covered by the shirt-sleeve, very violent itching. On scratching, I removed a part of the epidermis, which was followed by a secretion of a little serum, and a very slow formation of scabs. The remaining epidermis, for the last two or three days,

adheres closer than before. I took, for the last time, internally, three times, three drops of the first dilution.

1st October, half-past three o'clock, A.M. I was again wakened by a violent itching and burning. The arm, looking very much worse, presented the appearance of a severe phlegmonous inflammation. The part affected has a livid color, and the inflammation extends from two to three inches each way, so that the whole inflamed part is six and a half inches long, and six inches wide. The inflammation is not circumscribed, but passes over into an eruption, like measles, which varies from one-half to two inches in width. The inflamed skin feels very hot, and is (though uncovered) eight and a half degrees warmer than the corresponding place on the other arm. (I held the thermometer on the arm, slightly pressing, but without covering it.) Small scabs of dried serum on the inflamed surface. The swollen part of the arm is hard, like board, but without pain. After dinner, disagreeable, drawing sensation in the arm, extending into the hand, and a feeling of tightness. Towards evening, re-appearance of the pain. The swelling and inflammation increased through the day, in violence and extent, towards the elbow a whole inch; not so much in other directions. The nerves in the armpit sore, and sensitive to pressure. Late in the evening, red, irregular spots on the left cheek.

2d October. Good sleep. The swelling extends this morning from the elbow to the hand. The spots on the face larger and redder; elevated a little above the surface of the skin, and slightly burning. Some swelling above the left eye; two red spots and a blotch under the right corner of the mouth. The arm, on waking, was not so red and swollen as soon after, when the itching and burning commenced. On waking, the redness of the inflamed part passed over very gradually into healthy-looking skin, towards the elbow; less so towards the other sides; but, soon after rising, the burning and itching re-appeared, which was presently followed (without scratching) by increased redness, inflammation, and an eruption of blotches, vesicles, small pimples, and spots like measles. These efflorescences were around the evenly inflamed part (which was about seven inches long and six inches wide), forming a border between that and the skin; most numerous near the former, and especially on the side of the ulna, and around the wrist. This border itched most. The swelling was of greater extent than the inflammation, and continued so through the whole proving.

All these symptoms, although they had, on the whole, grown daily worse, were periodically better. This periodicity, however, was the same when the disease decreased. Every attack, from six to eight a day, commenced with itching, then increased inflammation; after which, red spots of various sizes, like measles, appeared on the border; finally, blotches, vesicles, and little pimples. The three later eruptions were particularly full; and the inflammation of the whole arm vastly increased when the itching caused me to scratch, which I sometimes could not possibly avoid. This itching was perfectly intolerable. At such times, I would put the arm in very cold water, which gave immediate relief; and, if I kept it in about eight or ten minutes, it would greatly subdue the inflammation and eruption, and bring the arm to its usual appearance. I could at any time cause an attack, by the slightest rubbing: they were also brought on by heat, or violent bodily exercise; but especially by close study. They were least frequent during conversation, light bodily exercise, or when in a cool atmosphere. For this reason I commenced bathing the arm occasionally in cold water. These general remarks pertain to the whole proving.

2d October (continued). On severe external pressure, pain deep in the arm, as if on the bone. An eruption, like measles, over the third, fourth, and fifth metacarpal bones, and vesicles on the fingers of the left hand. The latter appear and disappear very quickly, causing most violent itching. The affected part is painful, like a sore spot. Transient itching on different places of the body. A sensation of coldness creeping over the back; frequent, but of short duration. This, also, on subsequent days. The left arm measures one inch more in circumference than the other. In the afternoon, vesicles on different parts of the body, with violent itching. The swelling to the middle of the metacarpal bones. At noon, drawing pain in the large nerves of the arm, from the armpit downward.

3d October. During the night I keep, against my habit, the arm outside the bed-cover, as the heat in the bed quickly causes itching. On waking, a

severe attack of itching. The swelling reaches upward two inches above the elbow, and downward almost to the fingers. Almost the whole forearm is violently inflamed, strikingly like a phlegmonous inflammation; and is, at the inflamed part (uncovered), nine degrees hotter than the other arm. The temperature was not taken during an attack of itching and eruptive outbreak. When there is none, the skin looks smooth, tight, and shining. At times painful, as if from a sore or wound, which looks as if the skin would peel. Itching on different parts of the body. To-day, very few blotches and vesicles on the arm, probably on account of the occasional bathing in cold water, though the swelling and inflammation are of greater extent than on any previous day. Towards evening the inflammation not circumscribed, but is very gradually passing over into healthy skin. As the affection of the arm does not seem to have increased during the day, it appears to have come to its height. Appetite and general health unaffected.

4th October. This morning, after seven o'clock, a severe attack of itching. The skin of affected part peels off, and the new skin looks healthy, but inflamed, and is very sensitive. Directly on this, two pustules, with six or seven very small ones near them, filled with matter; and the larger ones with an inflamed halo around them. Edema on the back of the hand. Itching on different parts of the body; but, on attempting to rub the spot, the sensation immediately passes to another place near by. In the evening, the swelling as large as on the 1st October. About two-thirds of the skin, at the place of application, has peeled off.

5th October. The circumference of the left arm as on the 1st October. The itching is worst around the wrist and elbow, and on the inside of the arm; none on the place where the poison was applied, which has peeled entirely. The arm has pretty nearly the normal temperature. The skin looks normal, only a little redder, and not shining in appearance.

6th October. This morning, another eruption of small pustules on the same place, but a little larger than yesterday. The skin peels off again on the affected spot, and still looks red, as well as the skin about it; though the latter is not so red as the former; the arm still somewhat swollen. The thickness of a fold of skin is not sufficient to account for the comparatively large circumference of the arm; consequently, the parts *under* the skin must also have been affected and swollen, and are still somewhat so. Regarding this, I could not make an examination, when the affection was the worst, as it was absolutely impossible to form a fold of the skin, on account of its thickness and hardness.

8th October. The swelling almost wholly gone. The skin almost normal, only a little redder and thicker at the affected part. It commences to peel off at the edges. Itching around the elbow and wrist. Vesicles.

11th October. The skin of the whole forearm peels, and large pieces can easily be got off. Itching. A few very small scabs of serum. The skin around the wrist thick, callous, rough, with vesicles and blotches.

17th October. The skin, on the place of application, though better, looks still red, and is still thickened. This appearance lasted several weeks, and has disappeared very gradually. The skin on the left forearm looks normal, but is very irritable; as the slightest rubbing causes a very profuse eruption of blotches, vesicles, and small pimples.

31st October. Violent itching several nights in succession, especially on the back; but, day-times, on the face, neck, and hands, followed soon by the appearance of red spots, blotches, vesicles, and little pimples.

From this time up to March, nearly every night, especially at midnight, I had severe itching, particularly on the back. It then began to be less frequent. Generally, it wakened me, as I commenced scratching while asleep, and in this way increased the affection and itching; but, if the waking was from some other cause, I was sure to have an attack. As I have said, scratching with the hand aggravated it greatly; rubbing with a soft brush gave relief; but it was entirely subdued by washing with cold water or snow. At night, in December and January, I placed my back several times on snow for relief. Doing this in a cold room, it seems singular that I never took cold, although I left a warm bed, very thinly clad, to go out-doors for the snow, the mercury being frequently twelve and fifteen degrees below zero.

My back presented, during this time, a shocking appearance ; it had been severely scratched, and was covered with bloody scabs. During the attacks, it was burning hot, and covered with blotches and pimples.

When I commenced this proving, I had two objects in view : the first was the proving of the drug ; the second, the treatment of the poisoning after it had reached a certain height. The frequent occurrence of poisoning by this plant, and the great insufficiency of remedies usually recommended in such cases, made this second point of no less importance than the proving itself. For this reason I commenced, on the 1st October, with the internal use of medicines. I took, for several days, Bry. 2, Anacard. 2, Ars. 2, Urtic. 2, and others ; and, during the winter, for the itching, Dolich, Anacard., Sulph., Sil., Ignat., and others, — but *all entirely* without effect : only cold water or snow gave relief.

Second proving.—The unsatisfactory result of the search for an antidote to *Rhus Vernix*, during my first proving, induced me to expose myself, a year later, a second time, to the influence of this plant, by preparing a tincture on the 8th August, 1859. This time I did not chop the *whole* stem in fine pieces, as formerly, but peeled off the bark, which contains the most poison in the form of a resinous juice, and cut it up in very fine pieces. Being out of doors, the mosquitos troubled me considerably during the work ; and I was frequently obliged to put my hands to the face to drive them off. I must also mention, that I chewed for some time a piece of bark, and passed water before washing my hands. I was so completely impregnated with the odor of the juice, that I smelt strongly of it for some time, in spite of repeated washing, and even imparted the scent of it to the room where I afterwards sat.

10th August. On rising, œdema under the right eye ; difficulty in looking down, with disagreeable sensation. Red spot on the face, especially on the left side, and on the upper part of the chest. Itching. In consequence of the œdema, the eye is somewhat sensitive, when writing or reading, but causes no difficulty in looking straight forward. During the day, the face swollen.

11th August. A round group of hidroa-vesicles, filled with yellowish serum, between the nose and the left corner of the mouth, and another group under the latter. Left side of the face somewhat swollen, and covered with red spots. Left ear thick and red ; posterior surface of it rough. Some itching on the lower part of the ear. The nose and right side of the face considerably swollen, especially close under the eye ; so much so, that the cilia of the lower lid lie on the swelling, and the eye appears very small. The eye considerably irritated. The rays of the sun cause burning in the face. Much itching of the sexual organs, especially upon the scrotum and præputium. Hidroa-vesicles on the back of the first and third fingers of the left hand, and of the second finger on the right hand. In the afternoon, two o'clock, small yellowish hidroa-vesicles on different parts of the face. The right side of the nose and right cheek much swollen ; the right nostril obstructed. The œdema of the face worse than yesterday ; the skin rough (not chapped) and uneven. On the back of the left hand, and on the fingers, some efflorescence, which looks strikingly like itch. Rubbing of the affected parts causes itching. Slight dull feeling in the head. Three o'clock, P.M., an eruption like measles, with unevenness of the skin on the back of the left arm, close above the wrist ; soon followed by blotches, with violent itching and burning. Discharge of a little water from the left nostril, with sensation in the nose as if from a commencing cold. Face hot. The arms fall easily asleep. In the evening, much itching and burning on different places in the face. The feeling of dulness in the head worse. Burning in the eyes and slight lachrymation.

(To be continued.)

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[VOL. I.

REMARKS ON THE VARIOUS OPERATIONS FOR CATARACT,
AND THEIR RECENT MODIFICATIONS.

BY H. C. ANGELL, M.D., BOSTON.

(Read before the Massachusetts Homœopathic Medical Society.)

THERE is probably no cure for true cataract, except through operation for the removal of the opaque lens. Cases of incipient or imperfectly developed cataract are recorded: but it is very difficult, I might say impossible, to diagnose incipient cataract with certainty, without the aid of the ophthalmoscope; and these cures are recorded mostly before the invention of this instrument. Many of these cases were very likely the so-called false cataract,—a deposition upon the anterior face of the capsule of the lens from old inflammations of the iris, and presenting both subjective and objective symptoms, similar to true cataract.

The various operations for cataract have for their object, either the removal of the opaque lens entirely from the eye, as in extraction, or the removing of it merely from the field of vision, leaving it imbedded in the vitreous humor, as in reclinatio-
n or depression; or the rupture of the capsule and break-
ing-up of the lens substance, leaving it *in situ*, to be absorbed through contact with the aqueous humor.

Extraction is made almost universally through the cornea. I shall notice later, however, a recent operation for extraction through the sclerota. Soft cataracts are extracted through a

simple opening made at the outer edge of the cornea. Hard or senile cataracts are extracted usually by a flap operation, in either the lower or upper segment of the cornea. The patient being in a recumbent position, a practised assistant separates the lids, the operator fixes the eye by pinching up a fold of the conjunctiva with a pair of small forceps. He then enters the cornea, at its outer edge, with a cataract-knife, carries it steadily forward, cutting out either above or below, and making, according to his predetermined intention, either a superior or inferior flap. Allowing the patient now a moment's respite, the eye is again opened, the needle or cystotome introduced, and the capsule of the lens thoroughly lacerated. This being accomplished, the opaque lens, with or without the aid of gentle pressure upon the eye, emerges slowly from between the lips of the wound. Any remains of the soft cortical substance of the lens are then removed gently with a curette or spatula, and the operation is finished.

Exigencies may arise during an operation like this to modify it somewhat. The corneal wound may have been made too small to admit of the passage of the lens. If so, it must be enlarged by cutting with curved scissors,—a proceeding sometimes difficult, the cornea lying directly upon the iris, there being no anterior chamber in consequence of the escape of the aqueous humor.

The knife may have entered the cornea too far from its limbus, too near its centre. In this event, it is necessary to cut out in the sclerotica, and the wound will lie towards the inner canthus of the eye. This may render tedious manipulations necessary, after the opening of the capsule, in order to force the lens inward to a point corresponding to the opening of the wound.

Sometimes, after rupturing the capsule, instead of the lens we have a gush of vitreous humor from the mouth of the wound. In this case, it is necessary to remove the lens immediately from the eye, by means of a curette or small spoon, at imminent risk of bruising the iris, and engendering a subsequent inflammation and suppuration, involving loss of sight from closure of the pupil.

At other times, after lacerating the capsule, we find the pupil so firmly contracted and unyielding as to prevent the passage of the lens. Under these circumstances, it is necessary to grasp the margin of the pupil, nearest the wound, with a pair of delicate forceps, and, drawing a bit of the iris out, to excise it. These are a few of the many exigencies liable to arise in any ordinary case of flap operation.

Extraction is said to have been practised during the very earliest years of the Christian era. The cornea was opened, a needle thrust into the lens, and it was drawn out of the eye. Afterwards, this method was abandoned for what was called a method by suction. A tube was introduced through the corneal opening, and the lens sucked out. We shall notice later the revival of this method.

It is not until the middle of the eighteenth century, that we hear of extraction being again successfully practised. Daviel, in the year 1745, operated at Marseilles with sufficient success to bring his method at once into great repute. He opened the cornea from below with a lancet; then enlarged the opening with a blunt-pointed, double-edged knife; raised the corneal flap with a golden spatula; entered the eye with a needle; ruptured the capsule, and forced out the lens by pressure with the fingers,—an operation very similar to the one now practised, except in his method of making the flap. Many modifications were made soon after this period, until finally the cornea was opened, as at present, by a single cut. Then came the question as to the location of the corneal wound,—whether it should be in the inferior or superior segment; and this question is not yet definitely settled. Wenzel, in 1786, first introduced the operation of opening the cornea above; and, later, Franz Jäger and Rosas of Vienna adopted this method, and declared it to be the normal one. Richter, Barth, Schmidt, and Beer, however, always extracted through the inferior section. At the present time, the weighty authorities are mostly in favor of the inferior flap; and the tendency is steadily towards this method.

Dixon, in his little work published in 1859, says, “The upper section has been found to possess so many advantages, that

at present the lower one is scarcely ever employed," — a statement perhaps true five years ago, if he had applied it exclusively to his own country: at present, it is exactly the reverse of true. Not an operator of note on the continent of Europe, with a single exception, practises the upper section.

The advantages claimed for the upper section are, that the wound is covered by the upper lid; that, in case a corneal opacity remains at the cicatrix, it will be above, and interfere in nowise with vision; that the iris is not so apt to prolapse through a superior as through an inferior opening.

The advantages of the lower section are, that it is of much easier performance than the upper; that, as after the operation the orbit is filled with charpie, and a bandage applied to the eye, it is not material that the wound should be covered by the upper lid; that the iris does not prolapse in a downward direction more readily than in an upward; that the opacity of the cornea near the edges of the flap is not of frequent occurrence; and that the greater ease with which the operation by the lower section can be performed more than counterbalances all objections.

Some three years since, a new cure for cataract was announced as emanating from an Italian oculist, Sperino of Turin. The cure consisted in the repeated evacuation of the contents of the anterior chamber of the eye. It was asserted, that, after the paracentesis had been performed a few times, the lens commenced gradually to clear; and that a score or two of operations, at suitable intervals, sufficed to render an opaque lens tolerably transparent. This method of operation occasioned great discussion among the Italians, most of whom were unable to obtain the results claimed by Sperino. The operation has also been tried in Paris, without success. It is probable that some of Sperino's cases were not cataract at all, others were cases of soft cataract, and, in puncturing the cornea, he pricked the capsule of the lens also, and thus unwittingly combined the operation of discussion with his own. It is possible, of course, that this view may do the operator injustice. If so, we shall undoubtedly be made aware of it; because an operation for cataract so simple and feasible as this,

if it be really effectual, will make its way in the world, despite ridicule or opposition of any sort.

Dr. Mooren published, two years ago, the result of fifty-nine cases of extraction by the usual flap operation by the lower section of the cornea, in which all were successful but two. His plan is to perform an iridectomy as a forerunner; that is, he excises a portion of the iris, simply as an antiphlogistic measure, some two weeks before removing the cataract,—a prophylactic expedient against the inflammatory and suppurative process which sometimes follows the greater operation of extraction. I have seen this method practised occasionally, and it has been successful. It has not, however, come into general favor; and I do not believe the profession will finally adopt a method of operating for cataract, which necessitates the invariable excision of a portion of the iris. Since the introduction of the operation of iridectomy by Professor Graefe, it has gradually found such great favor, that many operators at present adopt it as an antiphlogistic measure, with as little concern as they apply a leech. There are many reasons why the invariable excision of the iris is objectionable.

Ordinarily, after a simple extraction, the eye appears as symmetrical and perfect as before; but, if iridectomy have been performed too, you have an enlarged and one-sided, or irregularly shaped, pupil. There must be, further, a certain imperfection of vision, from inability of the patient to control the amount of light admitted to the eye through the enlarged pupil.

When we pass from a darkened chamber into a bright sunlight, there is a momentary dazzle, which we immediately counteract by an involuntary contraction of the pupil to its minimum. Our patient has no such resource: his sphincter iridis is divided, and his pupil permanently enlarged. In regarding fine objects near the eye, we also contract the pupil, so as to sharpen the vision. Our patient is deprived of this resource likewise.

So far as my observation allows me to judge, it is not, I think, very uncommon, at the present time, to precede an extraction by the operation of iridectomy, notwithstanding the

objections which I have mentioned. Still, careful operators limit this double operation to those cases where, in consequence of an abnormal condition of the eye or an unfavorable state of the patient's health, they apprehend troublesome inflammatory symptoms after the extraction of the lens.

(To be continued.)

TRACHEOTOMY IN CROUP.

BY I. T. TALBOT, M.D., BOSTON.

(Continued from page 102.)

CASE II. July, 1855.—This presented the symptoms that usually indicate an unsuccessful termination. The patient, a strong and healthy girl, four and a half years old, had been sick for three days, with the usual symptoms of membranous croup. During the last twelve hours, she had failed rapidly; and tracheotomy presented the only hope of relief. No membrane was removed from the trachea during the operation, although it could be distinctly seen. For the first twelve hours, complete relief was afforded. At the end of this time, the fever increased; the skin became hot and dry; the cough, dry and sibilant; the urine, diminished in quantity, and high-colored: absolute refusal to take nourishment. The tubes became filled with a brownish, adhesive mucus, which hardened like glue. This seemed to accumulate in the trachea below the tube, producing extreme dyspnoea, resulting in death thirty-six hours after the operation. No autopsy was allowed.

The next two cases occurred in 1856 and 1857. One, a boy eighteen months old, survived the operation less than one hour: the other, a boy four years old, died sixty hours after the operation, with the same accumulation of brown mucus observed in Case II.

CASE III. March 27, 1859.—The patient, a girl five and a half years old, always subject to tonsilitis, had, eight days be-

fore, an attack resembling diphtheria. Scattered patches of the membrane appeared in the throat. These gradually increased until the larynx became involved, and the usual symptoms of membranous croup set in. A large portion of membrane was detached from the trachea during the operation; and, for twenty-four hours, the case seemed promising. After this, although several pieces of membrane were removed, the respiration became more difficult; and the patient died on the morning of the 31st, eighty-four hours after the operation.

An autopsy revealed a very extensive and firm exudation of false membrane, covering the entire mucous surface of both bronchiæ, and their various ramifications, traceable even to the very air-cells.

CASE IV. Feb. 13, 1861.—Boy, three years and two months old; black eyes, curly hair, sturdy and vigorous. A complete cast of the trachea, more than an inch in length, was removed during the operation. The patient was not in a condition to receive the best attention from his parents; yet no untoward symptom occurred after the operation, and the tube was removed on the eighth day. The principal remedy used was Kali chlor. 1.

CASE V. occurred in the same month as the last. Boy, four years and six months old. He was attacked with diphtheria, and croupous symptoms supervened. The exudation was very extensive in amount, and the characteristic fetor was excessive. The operation gave immediate relief, but, after twelve hours, the symptoms became aggravated; petechiæ appeared, and the patient died forty-eight hours after the operation. No autopsy.

CASE VI. Aug. 22, 1861.—This was one of the most peculiar and interesting cases I have ever seen; and, like the first, occurred in the practice of Dr. Johnson, of Chelsea. The patient, a girl four years old, dark hair and eyes, of an active, vigorous temperament, had, but a short time before, recovered from an attack of scarlet fever. Ten days previously, she had a mild attack of diphtheria, which was prevailing quite extensively in the neighborhood at that time. This attack readily yielded to treatment, and was dismissed by Dr. Johnson as cured. A slight exposure to cold so rapidly de-

veloped the symptoms of membranous croup, that, in thirty-six hours after the exposure, the case seemed hopeless. I saw the patient at 12, M., and found her rapidly sinking. Her condition had changed very much within the last hour. She was comatose; pulse imperceptible; respiration ten per minute, and performed with great difficulty. Face was livid and swollen, lips purple, eyes suffused; skin turgid, *with extensive petechiae* upon the chest and arms. An operation seemed to present no possible chance of success, while there was great danger that she would not live through it.

Without it, death must certainly and speedily occur; and her parents were unwilling that she should die without at least an effort to save her by the operation. Ether was administered in very small quantity, and had the effect to relieve, in a degree, the respiration, and improve the circulation. The child was very fleshy; and an incision, an inch and a half in length, was made through the skin and adipose tissue until I came to the thyroid plexus which was unusually large, and enormously distended with blood. Notwithstanding the greatest care, one of these veins was wounded, and the hemorrhage was very profuse. With considerable difficulty, a ligature was applied to the vein, and the bleeding arrested; but, on the slightest movement of the parts in continuing the operation, the ligature slipped, and the hemorrhage became worse than before. She was losing a great deal of blood; and it seemed hazardous to open the trachea while the blood was flowing so rapidly in the wound. But delay was equally hazardous; and, placing her across the table, on which she was lying with her face downwards, while Dr. Johnson supported her head, I placed myself under the child, and made a free incision through the entire plexus, and thyroid gland, exposing the trachea. The thick black blood poured out in immense quantities upon the floor. When the hemorrhage had somewhat abated, pressing aside the veins, I rapidly perforated the trachea, divided three of its rings, and inserted the dilating forceps. Syncope had taken place from the extreme loss of blood, and there seemed to be no voluntary effort at respiration. A dash of ice-water, in the face and upon the chest, caused a

sudden inspiration through the opening, which was still kept in position to prevent the blood from entering the trachea. The hemorrhage immediately stopped. The tube was then inserted, and the child turned over again upon her back. A little bloody mucus and pieces of membrane were ejected through the tube, and the inspiration became quiet and easy.

Six, P.M. The child has slept during the entire afternoon; but the pulse is scarcely perceptible, and she can be roused only enough to take her medicines and drink.

23d. Nine, A.M. Find the patient has had a very comfortable night; and is sitting up in bed, eating her breakfast, consisting of bread and milk. The skin, though rather pale, is of a clear bright color. The petechiæ have entirely disappeared; and the pulse, though small, is very distinct and regular. From this time the patient convalesced rapidly, the only untoward symptom being an extensive erysipelatous inflammation which appeared on the third day, and, notwithstanding various applications, continued to spread, but was entirely dissipated by hot fomentations of salt and vinegar. The tube was finally removed on the ninth day, and the patient was discharged, cured, a few days later.

Of the seven remaining cases, the most interesting is that of a child two years old, son of Mr. B— of Medford. The child had dark hair and eyes, and was vigorous and strong. While convalescing from measles, improper exposure brought on a rapid and severe attack of membranous croup. The age of the child did not furnish a favorable prognosis; while the advanced stage of the disease, and the unfavorable circumstances by which he was surrounded, gave little room for hope. The hemorrhage in this case was very profuse also; but the child rallied from it, and had no unfavorable symptom, and the tube was removed on the twelfth day.

The other successful case was a boy three years old, which presented no unusual symptom, save considerable hemorrhage during the operation. The tube was removed on the eighth day, and the wound was completely healed on the twelfth day.

One case, a boy five years and four months old, suddenly terminated fatally on the fourth day after the operation, when I thought him convalescent. Though no autopsy was held, there is little doubt but the death was caused by a loose portion of membrane having obstructed the tube, thereby producing asphyxia and death before the attending physician could reach him.

The other four cases, though each interesting in itself, present nothing peculiar. An autopsy, in one case, revealed a pathological condition similar to Case V.

In reviewing these cases, there is one point which has often been suggested to my mind. How far is the loss of blood beneficial to the patient? Of the five who recovered, three lost a large quantity of blood during the operation; while, of the ten fatal cases, the bleeding was in each very slight, and in two of them hardly any at all.

In sanguine or plethoric patients, when the disease has continued for some days, the blood, from imperfect aeration, becomes asphyxiated, and often, to a considerable extent, devitalized, so that it remains in the system as effete or poisonous matter; and, with the restoration of a sufficient amount of air to the lungs to keep healthy blood well aerated, it is still impossible, in the weakened state of the system, to re-invigorate these partially devitalized blood-corpuscles. The consequence is inevitable death. But—as was the case with the infant and the boy of three years, and, more markedly, in Case VI.—the hemorrhage seemed to relieve the system at once, and from the most hopeless they became the most mild and favorable cases. So far have I been convinced of the benefit which may obtain from the removal of this de-oxidized blood, that, in the last operation, I took especial pains to produce hemorrhage, but without effect; and I seriously thought of opening a vein for this purpose.

I would commend this thought to surgeons, in performing the operation.

CEREBRO-SPINAL MENINGITIS, OR SPOTTED FEVER.

BY J. B. WOOD, M.D., WEST CHESTER, PENN.

IN the last number of the Gazette, I observe an account of the treatment of a case of the above disease, by Dr. Hedenburg.

A few days since, I was called, in consultation with Dr. Smedley, in a case which we diagnosed to be *cerebro-spinal meningitis*. It presented the following symptoms: bowels constipated (a usual thing with the patient); soreness on pressure at the stomach; an indescribable feeling of soreness or pain at the base of the brain and the upper portion of the spinal cord; rolling of the head from side to side; constant picking of the fingers, and feeling about; constant moving of the feet, the patient entirely unconscious of what he was doing. His only complaint was, "My head, my head is bad!" In this condition he remained for two days, during which time he had not slept, notwithstanding the use of Acon., Bell., Gels., and other seemingly indicated remedies, without the slightest apparent effect. I may mention in this connection, that oats, heated, and placed in small bags, were constantly applied to the cervical region, until we despaired of the case; and I said to my colleague, that the case of his patient was hopeless, and that he could not much longer survive.

In further consultation, we concluded to try Bell. $\frac{1}{10}$, Gels. $\frac{1}{10}$, during the following night, in conjunction with dry heat (oats) applied as before.

While preparing the medicines, it occurred to me again that they had been given without any improvement; and I concluded, without saying any thing to my colleague, at the time, about it, to substitute Baptisia tincture for Gelsemium, ten drops in a gill of water, and give it for the first three hours, a dessert-spoonful every half hour. Before he had taken it two hours, the nervous symptoms of which I have spoken had almost entirely disappeared; he became conscious, and slept well through the night; and speedily convalesced under the use of the same remedy.

The New-England Medical Gazette.

BOSTON, JUNE 15, 1866.

DR. NELSON, of New York, has advanced a new theory for Asiatic cholera. He does not consider it a disease. The cholera poison causes a liquefaction of certain elementary constituents of the body. The choleraic fluid thus formed differs entirely from any fluid hitherto known, and has a strong tendency to reach the cutaneous and the intestinal mucous surfaces. The poison is imbibed by the patient, and in turn generated by him. Where the entire susceptible portion of the organism is colliquated, the patient dies. If the poison be insufficient to saturate the whole system, the patient recovers. This process of liquefaction frequently subsides in a few hours, when the patient is left perfectly well. No disease remains behind: the patient is merely weakened. Dr. Nelson's treatment of Asiatic cholera, somewhat unlike his theory, is very simple indeed. It is merely to administer grain-doses of pure opium, after all the liquid poured into the stomach shall have been ejected. This, it is affirmed, will quiet the persistent irritability of the stomach, and prevent efforts at vomiting, when vomiting is no longer needed and is dangerously exhausting for the patient. No other drug is recommended for the *disorder* (we must take heed that we do not call it a disease). No mixture, no preparation, of opium should be employed. The pure drug alone is admissible. For the typhoid state which sometimes follows the attack, no medication whatever is prescribed, the writer regarding the expectant treatment as most judicious. The above theory has the merit of novelty, and is perhaps as rational and as well entitled to consideration as most others. At all events, there are as yet, so far as we are aware, no pathological demonstrations of the nature of Asiatic cholera which would render this theory impossible. As to the treatment, it is certainly much simpler than that usually adopted by the dominant school.

WE beg to call the attention of our readers to the newly arranged advertisement of the Hahnemannian Life Insurance Company, upon the last page of the Gazette.

PENNSYLVANIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE first annual meeting of this Society was held at Pittsburg on the 5th inst. The following officers were elected for the year:—

President.—J. B. Wood, M.D., West Chester, Pa.

Vice-Presidents.—J. H. P. Frost, M.D., Philadelphia, Pa.; J. C. Burgher, M.D., Pittsburg, Pa.

Recording Secretary.—Bushrod W. James, M.D., Philadelphia, Pa.

Corresponding Secretary.—R. J. M'Clatchey, M.D., Philadelphia, Pa.

Treasurer.—D. Cowley, M.D., Pittsburg, Pa.

Censors.—Coates Preston, M.D., Chester, Delaware County, Pa.; R. Faulkner, M.D., Erie, Erie County, Pa.; H. Hoffman, M.D. Pittsburg, Pa.

The President of the Society and the Recording Secretary were appointed delegates to the American Institute of Homœopathy. A committee was appointed, also, for the purpose of obtaining a charter for the Society, from the State Legislature.

Eleven committees were further appointed, by the President, to report on different medical subjects at the next meeting. About thirty physicians present from Pennsylvania signed the constitution. The meeting was characterized by entire harmony and earnestness, and the new Society thus organized under most favorable auspices.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

REPORT OF THE NINETEENTH ANNUAL MEETING, HELD AT PITTSBURGH, PA., JUNE 6 AND 7, 1866.

PRELIMINARY MEETING.

THE usual preliminary meeting was held at the house of Dr. M. Côté, 284, Penn Street, on Tuesday evening, June 5. A large number of the members were present from various parts of the Union.

Departing somewhat from the usual custom, which makes this meeting merely an informal session or caucus to discuss the business of the following day, Dr. Côté, with the assent of the Committee of Arrangements, tendered to the members and their ladies a social levee. Many pleasant greetings were exchanged by those who had not met since the last session; and the cordial welcome of the host and hostess, the delightful music, and the abundant feast, at once established a social and

friendly feeling, which continued unabated throughout the entire sessions of the Institute.

FIRST DAY.—MORNING SESSION.

Wednesday, June 6.—The Institute assembled at Masonic Hall, and was called to order at ten o'clock by the president, Dr. S. S. Guy, of Brooklyn, N.Y., when Rev. Herrick Johnston invoked the Divine blessing upon its deliberations.

The President welcomed the members of the Institute to their annual meeting, and expressed his gratification at the fact that so large a number of delegates were present.

Dr. J. C. Burgher, of Pittsburgh, from the Committee of Arrangements, welcomed the members in few cordial remarks, and tendered them the hospitalities of the city.

The roll was then called and corrected, when the following members answered to their names:—

J. D. Annin, Newark, N.J.; J. Beakley, New-York City; S. R. Beckwith, Cleveland, Ohio; D. H. Beckwith, Cleveland, Ohio; G. D. Beebe, Chicago, Ill.; George E. Belcher, New York; R. M. Bowles, New York; J. C. Burgher, Pittsburgh, Pa.; S. M. Cate, Salem, Mass.; W. R. Childs, Pittsburgh, Pa.; Henry B. Clarke, New Bedford, Mass.; N. F. Cooke, Chicago, Ill.; M. Côté, Pittsburgh, Pa.; D. Cowley, Pittsburgh, Pa.; C. M. Dake, Pittsburgh, Pa.; J. P. Dake, Salem, Ohio; J. S. Douglas, Milwaukee, Wis.; J. H. P. Frost, Philadelphia, Pa.; S. S. Guy, Brooklyn, N.Y.; J. A. Herron, Pittsburgh, Pa.; W. T. Helmuth, St. Louis, Mo.; T. Hewitt, Allegheny City, Pa.; H. H. Hoffman, Pittsburgh, Pa.; Bushrod W. James, Philadelphia, Pa.; E. M. Kellogg, New-York City; R. J. McClatchey, Philadelphia, Pa.; F. R. McManus, Baltimore, Md.; Alpheus Morrill, Concord, N.H.; Henry D. Paine, New York; Horace M. Paine, Albany, N.Y.; James A. Payne, Boston, Mass.; J. R. Piper, Washington, D.C.; J. H. Pulte, Cincinnati, Ohio; J. S. Rankin, Pittsburgh, Pa.; Horatio Robinson, Auburn, N.Y.; R. B. Rush, Salem, Ohio; Henry M. Smith, New York; I. T. Talbot, Boston, Mass.; M. Y. Turrill, Cleveland, Ohio; Frederick Taudte, Birmingham, Pa.; Tullio S. Verdi, Washington, D.C.; M. W. Wallace, Allegheny City, Pa.; C. Wesselhoeft, Dorchester, Mass.; E. C. Witherell, Cincinnati, Ohio; J. B. Wood, West Chester, Pa.

An election for officers at the Institute was then entered into, and resulted as follows:—

President.—Dr. J. S. Douglas, of Milwaukee, Wis.

Vice-President.—Dr. S. R. Beckwith, of Cleveland, Ohio.

General Secretary.—Dr. I. T. Talbot, of Boston, Mass.

Provisional Secretary.—Dr. H. B. Clarke, of New Bedford, Mass.

Treasurer.—Dr. E. M. Kellogg, of New-York City.

Board of Censors.—Drs. J. P. Dake, of Salem, Ohio; H. M. Paine, of Albany, N.Y.; H. M. Smith, of New-York City; M. Côté, of Pittsburgh, and J. B. Wood, of West Chester, Pa.

Auditing Committee.—Drs. S. R. Beckwith, of Cleveland, Ohio;

George E. Belcher, of New-York City; N. F. Cooke, of Chicago, Ill.; David Cowley, of Pittsburgh, Pa.; T. S. Verdi, of Washington, D.C.

On motion of Dr. Beakley, "the thanks of the Institute were given to the retiring officers for their efficient services during the past year."

The President was then installed into office, and made a suitable acknowledgment. The Institute adjourned until three o'clock, P.M.

AFTERNOON SESSION.

The Institute re-assembled at three o'clock, and was called to order by the President.

The Board of Censors reported favorably upon the application of the following gentlemen for membership of the Institute:—

T. F. Allen, New-York City; William J. Bauer, New-York City; H. F. Biggar, Cleveland, Ohio; C. W. Boyce, Auburn, N.Y.; William H. Cook, Carlisle, Pa.; Frank Cooper, Allegheny City, Pa.; Benjamin F. Dake, Pittsburgh, Pa.; George S. Foster, Pittsburgh, Pa.; W. G. Graham, Ravenna, Ohio; William Hornitz, New-York City; A. E. Keyes, Ravenna, Ohio; Charles H. Lee, Etna, Allegheny County, Pa.; J. H. Marsdon, York Sulphur Springs, Pa.; R. C. McClelland, Glade Mills, Pa.; Robert McMurray, New-York City; J. J. Mitchell, New-York City; Coates Preston, Chester, Pa.; Horatio Robinson, Jr., Auburn, N.Y.; L. M. Rousseau, Pittsburgh, Pa.; Robert C. Smedley, West Chester, Pa.; Daniel D. Smith, New-York City; John McE. Wetmore, New-York City; Ciro S. Verdi, Georgetown, D.C.; J. F. Cooper, Allegheny City, Pa.; Henry Shefield, Nashville, Tenn.; S. A. Robinson, Cincinnati, Ohio; J. Sidney Mitchell, Chicago, Ill.; N. Schneider, Cleveland, Ohio; C. H. Cogswell, Moline, Ill.; John Hartman, St. Louis, Mo.; G. E. Chandler, Wauseon, Ohio; W. H. H. Neville, Philadelphia; M. Friese, Mechanicsburg, Pa.; John E. James, Philadelphia; Edwin A. Lodge, Detroit, Mich.; G. Catron Duncan, Chicago, Ill.; H. M. Logee, Linesville, Crawford County, Pa.; J. R. Earheart, Philadelphia; Geo. W. Billings, Brooklyn; John C. Richards, Lock Haven, Pa.; J. E. Barnaby, Allegheny City, Pa.; Horace Homer, Philadelphia, Pa.; R. Faulkner, Erie, Pa.; J. Stewart, Sharpsburg, Pa.; W. C. Borland, Pittsburgh, Pa.; Shadrach C. Morrill, Concord, N.H.; T. G. Comstock, St. Louis, Mo.; Max Werder, Johnstown, Pa.; E. W. Townsend, Greensburg, Westmoreland County, Pa.

The report was accepted, and on motion the gentlemen named were elected members of the Institute.

Dr. John Tiffet, of Norwalk, Ohio, was excused from membership, at his own request.

A statement of expenses incurred by the Secretary of the Institute for the past year was read, and referred to the Auditing Committee.

REPORTS OF BUREAUS.

Materia Medica.—The only report of this Bureau was a letter from Dr. E. M. Hale, of Chicago, announcing, that, owing to the pressure of business, he had been unable to prepare a report.

Clinical Medicine and Zymoses.—A partial report was offered by the Chairman, Dr. H. D. Payne, of New York, which was accepted.

Surgery.—The Chairman, Dr. William T. Helmuth, desired to have the reading of his report postponed until the next day. The request was granted.

Homœopathic Organization, Registration, and Statistics.—Dr. I. T. Talbot, of Boston, Chairman of the Bureau, presented a report, which was read, accepted, and laid on the table for future consideration.

MEDICAL COMMUNICATIONS.

Dr. S. M. Cate, of Salem, Mass., communicated a paper on Lachesis, in a certain form of uterine inflammation, which was received, and placed on file.

Dr. J. P. Dake, of Salem, Ohio, read cases reported by W. J. Blakely, of Benzinger, Elk County, treated by mercurius protiodid. The paper was accepted. Dr. Pulte, of Cincinnati, made some remarks in regard to the use of this medicine in cases attended by debility.

The President stated that he had used the deuto-iodide of mercury locally in cases of goitre. It was used successfully, in the form of ointment, in the first decimal trituration. Dr. Helmuth, of St. Louis, spoke on the same subject. He said that he had used the deuto-iodide of mercury in cases of goitre, and he thought it a very valuable remedy. In the East Indies, where goitres attain an immense size, cures are performed by the application of this medicine to the tumor in the form of ointment, prepared one drachm to one ounce lard. He has used the same ointment still more reduced and in small quantity, with great benefit.

Dr. Beebe, of Chicago, spoke of treating goitre successfully with the thirtieth attenuation of iodine internally, in some cases relieving when the crude form of iodine had failed.

Dr. S. R. Beckwith, from the Auditing Committee, reported that the annual expenses of the Institute exceeded its receipts, and recommended an increase of initiation and annual fee. The report was accepted, and the consideration of the suggestion was referred to a Committee of the Whole.

On motion, adjourned to 8, p.m.

EVENING SESSION.

The Institute assembled at 8 o'clock. There was also an additional attendance of about fifteen hundred ladies and gentlemen.

The President, on calling the Institute to order, introduced Dr. William Tod Helmuth, of St. Louis, Mo., who delivered the Annual Address.

The general subject of the lecture was Homœopathy, and the doctor announced at the outset that he would endeavor, as much as possible, to strip the subject of the unintelligible technicalities and dry details of a professional address. He divided his lecture into the consideration

of the points, "The proofs that Homœopathy is true," "Is Homœopathy a humbug?" "The increase of belief in Homœopathic principles," and "The changes that have been and are to be accomplished by the aid of Homœopathy." Each of these points was considered with skill and acumen, and strengthened by instances and allusions, facts and figures, that must have gone far towards convincing whoever among the audience may have been sceptical as to the soundness of the principles held by the homœopathic school of medicine. The lecture was listened to throughout with attention and interest, and was several times interrupted by hearty applause.

On motion of Dr. H. M. Smith, of New York, the thanks of the Institute were tendered to William Tod Helmuth, M.D., for his able and valuable address, and a copy of it was requested for publication.

Adjourned to Wednesday, 9 o'clock, A.M.

THE BANQUET.

At ten o'clock, the members of the Institute repaired to City Hall, and partook of a splendid banquet, which had been prepared by the Homœopathic Medical Society of the county. About three hundred ladies and gentlemen were present as invited guests of the Society. Upon the conclusion of the banquet, Dr. M. Côté, Chairman of the Executive Committee, called the meeting to order, when the following regular toasts were read:—

1. To the Memory of Hahnemann. In silence, standing.
2. The American Institute of Homœopathy. Responded to by Dr. F. McManus, of Baltimore.
3. The Ladies. Responded to by Dr. Talbot, of Boston.
4. Our Sister Societies. Response by Dr. Cooke, of Chicago.
5. Our Colleges,—equal to any. Response by Dr. S. R. Beckwith, of Cleveland.
6. Our Journals. Responded to by Dr. Frost, of Philadelphia.
7. Our Hospitals. Response by Dr. J. P. Dake, of Salem, Ohio.
8. The Efficacy of Homœopathic Medicines. Responded to by Dr. Helmuth, of St. Louis.
9. Our Southern Brethren. Response by Dr. Verdi, of Washington, D.C.

A number of volunteer toasts were then read, and responded to. The proceedings were of an exceedingly interesting character, and the Society may well feel proud of the success of their entertainment.

SECOND DAY.—MORNING SESSION.

Thursday, June 7th.—The Institute assembled at 9 o'clock, at Masonic Hall, and was called to order by the President.

The minutes of Wednesday were read and approved.

On motion of Dr. Talbot, it was voted, that the Bureau of Clinical Medicine be instructed to prepare a concise circular, with directions,

for general circulation, in relation to the subject of cholera, and that the General Secretary be directed to furnish twenty copies to each member of the Institute.

The Institute then resolved itself into a Committee of the Whole, for the consideration of various subjects referred to it.

Dr. E. M. Kellogg, of New York, was elected chairman.

The report of the Committee on Organization was called up.

Dr. McManus, of Baltimore, said, if he understood the proposition, it was now purposed to so alter the character of the Institute that old members could have no voice in its proceedings. For his part he objected to any change, as he did not see the necessity for it.

Dr. Talbot explained that the proposition made by the Committee on Organization was not designed to change the present character of the Institute or to take away the rights of old members, but to so alter the constitution that societies may send delegates to represent them; so that the Institute shall have at its sessions, aside from individual members, representatives from every homœopathic society, association, and institution in the country. This plan, if carried out, would unite all the various associations in one central body to act together in all questions of national interest.

At the request of the Institute, the Secretary then read the entire report of the Bureau on Organization.

The first recommendation was that the Bureau on Statistics prepare and publish a triennial catalogue containing the constitution, by-laws, rules, and regulations of the Institute, a full list of its members, past and present, together with a list of the homœopathic practitioners of America; and statistics of the various societies and institutions connected with homœopathy.

After considerable discussion on the part of the members, it was voted, that the Bureau be instructed to prepare such a list, and report at the next meeting of the Institute.

Dr. J. P. Dake explained to the Institute, that Dr. John B. Hall had a Directory prepared, which would be shortly published. He desired the assistance of the members of the Institute in every way possible.

The second subject of the report was summed up in the following resolution:—

Resolved, That the American Institute of Homœopathy invites all bodies of homœopathic physicians to send delegates to its meetings; and, for the sake of uniformity, would recommend the following proportion:—

First, From every Association composed of more than fifty members, from different States, two delegates.

Second, From every State society, two delegates; additional, for every twenty members, one delegate.

Third, From every county or local society, one delegate.

Fourth, From every college, hospital, or dispensary actually established, each one delegate.

Fifth, For every medical journal published, one delegate.

Dr. Guy, of Brooklyn, presented the following amendment, which was accepted. It shall be the duty of these delegates to present to this Institute, through its proper bureaus, a clear synopsis of the doings of their respective associations or societies.

The resolution was then adopted.

On motion of Dr. Smith, the following resolution was passed:—

Resolved, That members who are three years in arrears, and who do not pay within one year after being so notified by the Treasurer, shall be considered as having forfeited membership, and their names shall be stricken from the list.

The report of the Auditing Committee was then considered.

Dr. Beckwith offered the following resolution as a substitute for the report of the Auditing Committee:—

Resolved, That the members of the Institute be required to pay the annual sum of three dollars towards defraying the expenses of the Institute.

After considerable discussion, the resolution was adopted.

The Committee of the Whole then arose, and the Institute resumed its session. Dr. Beckwith, Vice-President, in the chair.

The Secretary read the proceedings of the Committee, and the resolutions reported by them were, on motion of Dr. H. D. Paine, of New York, adopted.

STATISTICAL REPORTS.

Reports from the following auxiliary and corresponding bodies were then presented and read:—

STATE SOCIETIES.

Dr. J. P. Dake, the Western Institute of Homœopathy.
Dr. A. Morrill, the New-Hampshire Society.
Dr. S. M. Cate, the Massachusetts Society.
Dr. H. M. Paine, the New-York Society.
Dr. B. W. James, the Pennsylvania Society.
Dr. D. H. Beckwith, the Ohio Society.
Dr. G. D. Beebe, the Illinois Society.

COUNTY OR LOCAL SOCIETIES.

Dr. I. T. Talbot, the Boston Academy of Homœopathic Medicine.
Dr. H. M. Smith, the New-York County Society.
Dr. H. M. Paine, Albany-County Society, N.Y.
Dr. H. Robinson, Cuyuga-County Society, N.Y.
Dr. S. S. Guy, King-County (N.Y.) Society.
Dr. R. J. McClatchey, the Philadelphia-County Society.
Dr. J. H. Marsden, Homœopathic Medical Society of the Cumberland Valley, Pa.
Dr. D. Cowley, Allegheny-County Medical Society, Pa.
Dr. D. H. Beckwith, the Cuyahogo Medical Society, Ohio.
Dr. N. H. Cooke, the Chicago-County Medical Society.
Dr. John Hartmann, the St. Louis Society.

COLLEGES.

Dr. J. Beakley, New-York Homœopathic College.
 Dr. J. H. P. Frost, Hom. Medical College of Pennsylvania.
 Dr. N. F. Cooke, Hahnemann Medical College of Chicago.
 Dr. D. H. Beckwith, Cleveland Medical College.
 Dr. William T. Helmuth, St. Louis Medical College.

HOSPITALS AND DISPENSARIES.

Dr. J. C. Burgher, Medical and Surgical Hospital of Pittsburgh.
 Dr. William T. Helmuth, Good Samaritan Hospital, St. Louis.
 Dr. I. T. Talbot, Homœopathic Medical Dispensary, Boston.
 Dr. H. M. Smith, Central New-York Homœopathic Dispensary.
 Dr. S. S. Guy, Homœopathic Dispensary of Brooklyn.
 Dr. B. W. James, the Homœopathic Infirmary of Philadelphia.
 Dr. C. M. Dake, Dispensary in Pittsburgh.
 Dr. Beckwith, the Cleveland Dispensary.
 Dr. Helmuth, St. Louis Medical Dispensary.
 Dr. Helmuth, Freedmen's Colored Orphans' Home.

MEDICAL JOURNALS.

Dr. Smith, American Homœopathic Review.
 Dr. Talbot, New-England Medical Gazette.
 Dr. Beebe, United-States Medical and Surgical Journal.
 Dr. Lodge, American Homœopathic Observer.
 Dr. Helmuth, Western Homœopathic Medical Observer.
 Dr. Frost, Hahnemannian Monthly.

Notices were also received from Dr. J. P. Dake, of the establishment of the Hahnemannian Insurance Company, at Cleveland, Ohio, and from Dr. H. M. Paine, of the Atlantic Mutual Company, at Albany; having for their object the insurance of homœopathic patients at a reduced premium.

The following resolution was offered by Dr. Beebe, and, after some discussion, adopted:—

Resolved, That, while we approve the establishment of Life Insurance Companies which make a distinction in favor of the patrons of homœopathy, and while we desire to encourage such organizations, nevertheless, with a view to impartiality, we hereby forbid the use of the name of the American Institute of Homœopathy in any manner calculated to advertise or promote the interests of one such company in preference to another.

The Convention then adjourned until three o'clock.

AFTERNOON SESSION.

The Convention met at three o'clock, and was called to order by Vice-President Dr. S. R. Beckwith, of Cleveland.

The reports which had been considered during the morning session were ordered to be filed.

REPORT OF THE BUREAU OF SURGERY.

Dr. W. T. Helmuth, of St. Louis, read a report in which the different improvements introduced into Surgery since the last session of the Institute were fully discussed.

Dr. J. Beakley, of New York, promised to furnish the Secretary a report on Surgery.

Dr. S. R. Beckwith, of Cleveland, read a paper entitled "Ovarian Tumors." On motion, the several reports of the Bureau on Surgery were accepted.

Dr. B. W. James, of Philadelphia, presented a paper on "Aural Surgery," which was accepted.

Dr. J. H. Pulte, of Cincinnati, presented a report on "The Spectroscope, and the law 'Similia similibus curantur.'" Accepted.

Dr. Henry Turner, of London, by invitation, addressed the Convention. He stated that the system of homœopathy in England was meeting with the most determined opposition from the allopathic practitioners, who have control of the Medical Colleges and Schools, and bias the minds of students against the homœopathic system. An English Directory had just been published, and an effort was being made to add to it an American Directory.

He said the number of homœopathic practitioners in London was ninety-three; and in England, two hundred and seventy-six. There are several associations which hold frequent and profitable meetings. There are hospitals in several of the large towns, and dispensaries in most places of considerable size. There are four or five journals, which are well sustained.

Dr. Thomas Hewitt, of Allegheny City, read an essay, entitled, "What is the Cause of Collapse in Cholera," which was accepted.

Dr. H. M. Paine, of Albany, presented a paper on cholera, which was accepted.

Dr. B. W. James offered a resolution recommending that each member of the medical profession should keep a statistical record of all cases of Asiatic Cholera treated by himself, in case that disease should visit our country, together with the result of the treatment, and report the same for publication, which was adopted.

Dr. H. M. Smith offered a resolution authorizing the President to appoint delegates to the International Homœopathic Congress, to be held in Paris in 1867. Adopted.

Dr. T. S. Verdi proposed that a committee be appointed for the purpose of preparing an address to the homœopathic physicians in European countries, urging upon them the necessity of organizing national societies. Adopted; and the General Secretary was appointed to prepare the address, and enter into a correspondence with the various societies.

Dr. S. S. Guy presented a resolution returning the thanks of the Institute to the Homœopathic Medical Society of Allegheny County for the handsome manner in which they had entertained the delegates during their sojourn in Pittsburgh.

Also, to the newspapers of Pittsburgh, for so faithfully reporting the proceedings of this session of the Institute. Unanimously adopted.

Dr. James A. Herrick, on behalf of the Board of Trustees of the Homœopathic Dispensary, on Fourth Street, extended an invitation to the members of the Institute to visit that institution at eight o'clock in the evening. The invitation was accepted, and a vote of thanks tendered.

The President then announced the following appointments for the ensuing year:—

Bureau of Materia Medica.—Conrad Wesselhoeft, M.D., of Dorchester, Mass.; Walter Williamson, M.D., of Philadelphia, Pa.; William E. Payne, M.D., of Bath, Me.; E. M. Hale, M.D., of Chicago, Ill.; H. L. Chase, M.D., of Cambridge, Mass.

Bureau of Clinical Medicine and Zymoses.—H. D. Paine, M.D., of New-York City; D. H. Beckwith, M.D., of Cleveland, Ohio; R. Ludlam, M.D., of Chicago, Ill.; E. C. Witherill, M.D., of Cincinnati, Ohio; S. M. Cate, M.D., of Salem, Mass.

Bureau of Surgery.—J. Beakley, M.D., of New-York City; William T. Helmuth, M.D., of St. Louis, Mo.; G. D. Beebe, M.D., of Chicago, Ill.; S. R. Beckwith, M.D., of Cleveland, Ohio; George F. Foote, M.D., of Philadelphia, Pa.

Bureau of Organization, Registration, and Statistics.—H. M. Smith, M.D., of New-York City; H. M. Paine, M.D., of Albany, N.Y.; E. A. Lodge, M.D., of Detroit, Mich.; B. W. James, M.D., of Philadelphia, Pa.; T. G. Comstock, M.D., of St. Louis, Mo.

Committee of Arrangements.—G. E. Belcher, M.D., H. M. Smith, M.D., H. D. Paine, M.D., J. Beakley, M.D., E. M. Kellogg, M.D., of New-York City.

Orator for 1867., N. F. Cooke, M.D., of Chicago, Ill.; alternate, H. B. Clarke, M.D., of New Bedford, Mass.

On motion of Dr. I. T. Talbot, it was voted, that a committee of five be appointed to prepare a complete code of Medical Ethics, and to report at the next session of the American Institute.

The President appointed for this committee, Carroll Dunham, M.D., of New-York City; Walter Williamson, M.D., of Philadelphia, Pa.; E. M. Kellogg, M.D., of New-York City; A. S. Ball, M.D., of New-York City; G. W. Barnes, M.D., of Cleveland, Ohio.

On motion of Dr. S. R. Beckwith, the following amendment to Article X. of the by-laws was inserted.

Sec. 3.—There shall be a Bureau of Obstetrics, which shall collect facts and observations on subjects pertaining to obstetrics.

The President appointed upon this Bureau, H. H. Guernsey, M.D., of Philadelphia, Pa.; J. C. Sanders, M.D., of Cleyeland, Ohio; S. R. Kirby, M.D., of New-York City; E. A. Guilbert, M.D., of Dabuque, Iowa; J. H. Woodbury, M.D., of East Boston, Mass.

On motion of Dr. H. M. Smith, the Secretaries and Treasurer were appointed the Publication Committee for the ensuing year.

On motion of Dr. J. P. Dake, the Institute adjourned to meet in New-York City on the first Wednesday in June, 1867.

I. T. TALBOT,
General Secretary.

ANNUAL MEETING OF THE WESTERN INSTITUTE
OF HOMŒOPATHY.

THE annual meeting of the Western Institute was held at Cleveland, O., on the 23d ult., the president, Dr. A. O. Blair, in the chair. The session continued during two days. Many new members were elected, and a large amount of business transacted. Interesting reports were presented and discussed. Among the resolutions presented and passed was a series by Dr. Hale, recommending that the American Institute be transformed into a representative body.

Dr. D. Cowley, of Pittsburgh, presented a report from the Medical and Surgical Hospital and Dispensary, recently established in that city, and in a prosperous condition. Drs. Dake and Allen commended the liberality of the physicians of Pittsburgh, and hoped their example would be followed by the physicians throughout the country.

Dr. J. P. Dake explained the condition of the forthcoming Homœopathic Directory. Dr. J. B. Hall, who has undertaken the work, has been unfortunately delayed in obtaining the names of physicians. However, over five thousand names have been collected, and they are still coming in. The work is now nearly ready for the press.

Dr. Hempel moved that the Institute cordially approbate the labors of Dr. Hall, and give him all possible support in the undertaking. The motion was carried.

The Committee on Nominations reported the following officers for the ensuing year: E. C. Franklin, M.D., of St. Louis, President; L. E. Ober, M.D., of La Crosse, First Vice-President; D. H. Beckwith, M.D., of Cleveland, Second Vice-President; T. P. Wilson, M.D., of Cleveland, Recording Secretary; E. M. Hale, M.D., of Chicago, Corresponding Secretary; G. W. Barnes, M.D., of Cleveland, Treasurer; Board of Censors, G. W. Bowen, M.D., R. Ludlam, M.D., J. C. Sanders, M.D., G. W. Chittenden, M.D., S. Rogers, M.D., S. B. Parsons, M.D.

On motion, they were unanimously elected.

The Hahnemannian Life Insurance Company gave a handsome entertainment to the members of the Institute at their rooms, where they were welcomed by His Honor Mayor Chapin, the president of the Company. After the evening session, the members of the Institute were also entertained by the physicians of Cleveland.

AN ALMOST MIRACULOUS ESCAPE.—Dr. Henry B. Clarke, of this city, with his wife, her sister, and one of his little boys, was upon the train coming east from Pittsburgh, on the Pennsylvania Central Railroad, when a frightful accident occurred, on Friday night last. The train had reached the upper ridge of the mountains, and had just passed Gallitzin, when a forward wheel of the rear sleeping car (in which were Dr. C. and his family) broke, the coupling snapped, and the car, thrown from the track, made one or two revolutions, and fell a distance of forty feet down the precipitous side of the track. The inmates of the car, some forty persons, had all been for a few minutes in their berths when the

casualty occurred; and the fact of their escape, after such a frightful plunge, in which the whole interior of the car was broken up, without any more serious injury than a few cuts and bruises, is most extraordinary.

Dr. Clarke, the moment he felt the disturbance occasioned by the broken wheel, instinctively caught hold of a strap hanging from the ceiling, by which he retained his place in the upper berth during the descent. When the car reached the bottom of the embankment, he found himself in close quarters, with a person's feet struggling near his face. He succeeded in extricating himself, and very soon found that Mrs. Clarke, her sister, and Master Clarke were uninjured, though neither were in at all comfortable positions. Mrs. C. and her son were incommoded by the door of the state-room, which, strangely enough, formed the heavy covering to their berth, but which probably had proved an excellent protection. The doctor came off with only one black eye, and a slight scratch upon the hand, while the rest of his party sustained no injury, — suffering only the inconvenience, not thought of then, of loss of shoes, bonnets, &c., and of struggling up a muddy embankment somewhat *en dishabille*.

Dr. Clarke, who has been absent some two weeks, reached home with his family yesterday morning. — *New-Bedford Mercury.*

RINDERPEST IN THE NEW-YORK COW STABLES.—A despatch from Albany, N.Y., states that Hon. J. Stanton Gould, President, and Col. P. B. Johnson, Secretary, of the New York State Agricultural Society, have prepared a most important circular, from which the following extract is taken: —

“ We do hereby make known the existence of rinderpest, or pleuro-pneumonia, among the cows in the stables of New York and Brooklyn, and earnestly advise all purchasers of stock to examine those which are offered for sale, with reference to this disease. We also advise, that, in case the disease makes its appearance in any herd, that the sick animal be immediately and rigidly separated from the rest. The period of incubation of this disease varies from forty-two to sixty days. It is well ascertained that this disorder is strictly infectious. It never occurs where the animal has not come into contact with the diseased animal.

“ The meat of animals suffering from pleuro-pneumonia is dangerous when used as human food. It is very probable that the diseased herds, which are now being excluded from the city, will be offered for sale at very low prices to farmers. This contingency calls for additional precautions on the part of purchasers.” — *Boston Advertiser.*

A FAIR WIND.

Extract from a letter received Feb. 4, 1866.

“ It is greatly to the credit of the ‘Gazette,’ that it impresses you with its *savoir faire* at the first glances. Why, its very advertisements commend it, ‘hedge it round’ with an air of respectability that has never been given to any of its fellows! It is one of the handsomest, if not *the* handsomest of all homeopathic medical periodicals. As for criticism, I have none to offer. I speak sincerely when I say I should not know how to improve it.

Yours faithfully,

— — — — —, M.D.

WIND EASTERLY.

DEAR SIR: — I received your 1st No. and I vol. of the *Gazette* this evening and read it through immediately. I like it in some respects and have some objections to it. It has only 24 pages of large type reading matter which would only make about 12 pages of small type. In a word there is not enough reading matter. I will however take it if you will send it to me and take your pay when I am fully satisfied that it will be published through the year

Yours respectfully

— — — — —, M.D.

RHUS VENENATA, OR RHUS VERNIX.

(DOGWOOD, SWAMP SUMACH, POISON SUMACH.)

TWO PROVINGS, WITH CLINICAL EXPERIENCES, BY F. G. OEHME, M.D., OF PLYMOUTH, MASS.

(Continued from page 124.)

12TH AUGUST. Last night, much itching on the face and sexual organs, especially on the preputium. The skin of the scrotum inflamed and thickened. Very violent burning and itching on the left cheek, soon followed by the whole face becoming so burning hot, that I had to leave the bed, and wash the face in cold water. At rising, much burning on the hands, especially between the fingers, which are somewhat swollen. The itch-like eruption on the back of the left hand, and on the fingers, which disappeared last evening, has re-appeared and disappeared several times during the day. The hidroa-vesicles on the back of the third finger larger than yesterday. The right side of the face the same as last evening; the left worse, more swollen and inflamed. Much itching and burning on the latter; also behind the ears, which are swollen, inflamed and rough (not chapped).

The attacks of itching, burning, and inflammation, show the same irregular periodicity as in the first proving; and are also followed by an eruption of blotches, vesicles, and red spots; and are produced and increased by the same causes. The *general* result of this proving much the same as of the first.

13th August. The right side of the face nearly well. The left better than yesterday, but still much itching on the lower part of the left cheek, and on the back of the left ear. In the face, desquamation on the parts which have been most affected. The hands worse than yesterday. The itch-like eruptions on the back of the hands and on the fingers (at times violently itching) worse and more numerous than at any previous day. Itching upon the sexual organs. Four small pimples, filled with pus, on the face.

14th August. Sleep good. On waking, violent itching between the fingers. On the face, but little inflammation and itching; the desquamation more extensive than yesterday. The back part of the left ear still rough. The hands worse than yesterday; the skin rough.

15th August. At 2 o'clock, p.m., the lower part of the cheeks, especially the right, swollen, inflamed, violently burning, and covered with blotches. On the back of the hands, and between the fingers, often violent burning and itching. Between the metacarpal bones of the left thumb and first finger, the skin inflamed and swollen. Erythema on the right side of the neck, extending to the chest. Itching on the scrotum and preputium.

16th August. At 2 o'clock, last night, severe itching on the hands, particularly between the fingers, so that I had to put them in cold water. On the whole, the symptoms much like yesterday; namely, periodical inflammation, swelling, vesicles, red spots, blotches, itching and burning on the face, ears, neck, and hands. This morning, violent burning sensation in the right eye. Little red spots and itching on the inside of the thighs. The itch-like affection on the hands has spread from two to three inches above the wrist; worse on the left.

19th August. The last three mornings, at rising, an attack of itching on the hands. The various symptoms very gradually subsiding. Desquamation on the face.

20th August. The little scabs, formed from the hidroa-vesicles on the fingers, fell off to-day. Much itching on various parts of the body.

24th August. Desquamation on the fingers. It commenced simultaneously on different parts, and spreads in circles, or rings; some of these are confluent to-day, which causes an indented appearance of the desquamation.

11th September. The desquamation on the back of the hands and fingers is just completed, and it is now spreading into the palm of the hand. The noctur-

nal itching has occurred but three or four times since the 24th August; and, during the last fourteen days, scarcely any itching, not even at night.

On the 15th August, I commenced the use of antidotes, — Euphorb., Mezer., and Capsic. First dilution proved totally useless. As I still considered the stinging-nettle (*Urtica urens*) an antidote for *Rhus Venen.*, I resolved to use it again, but not in the same way as before. The contact with stinging-nettles causes an erythema, blotches, and a stinging, itching pain; but an application of the tincture of this plant has not the least effect upon the skin. Whether the *internal* use of the tincture or its dilutions would cause an eruption of urticaria, I am unable to say: I have never seen any proving in which this fact was mentioned. The same difference in effect depending upon the manner of use is undoubtedly true also of a great many other medicinal substances. These facts ought to be mentioned in the homœopathic "Materia Medica," as they are of importance in the treatment of diseases; because, if a drug causes *mechanically* or *chemically* a certain disorder, it does not follow that it also can do so *dynamically*. It would be well to make these differences in the effects, caused by the different manner of using, a subject of special mention.

On the 17th August, I touched quickly, several times, the eruption of urticaria with freshly picked stinging-nettles, and felt distinctly the burning sensation from their touch. Very soon a new eruption of urticaria appeared, and the old (primitive) eruption disappeared as fast as the new one came. At the same time, the itching of the old blotches decreased, while that of the new ones increased; this I perceived *very distinctly*. The old eruption disappeared after the lapse of ten or fifteen minutes; the new one, after about a half-hour. I repeated this application the following days, and must attribute to this treatment the fact, that, from this time, I suffered less than I expected, judging from the experience of the first proving. The nocturnal itching was particularly much less, and of much shorter duration.

Concerning the *treatment of cases of poisoning* with *Rhus Vernix*, I have already mentioned, that, during my two provings, the internal administration of medicines, for the affections of the skin, was totally useless; but the external application of *Urtica urens*, cold water, or ice, was of decided benefit. The use of the latter can be resorted to heroically, without fear of causing any metastasis to inner organs, or a cold. In cases of poisoning of others, I have always advised frequent and long bathing in very cold water, with satisfactory result. Affections of *internal* organs, from the effects of this plant, have been seldom and slight in my practice, and yielded mostly to the use of *Bryonia*.

Let us now determine under what diseases the symptoms of the foregoing two provings can be classed; or, which amounts to the same thing, in what diseases *Rhus vernix* is indicated, taking the two provings for a basis. We shall find it a very important medicine in the following maladies: —

1. *Erysipelas*. — The first proving gives perfect a picture of an *erysipelas phlegmonodes*, so that it is hardly necessary to say any thing more. It seems singular that Bell. and not *Rhus vernix*, has been recommended as its chief remedy, especially as *Rhus toxicod.* has always been used in *erysipelas bullosum*. There is just the same difference in some respects, and the same similarity in others, between *erysipelas bullosum* and the *erysipelas* where there are no blisters, as there is between *Rhus toxicod.* and *Rhus vernix*. Both cause an *erysipelatous* inflammation of the skin; but the latter produces a more profuse serous exudation in the substance of the skin, and beneath it, than the former, which, on the contrary, creates a profuse exudation on the surface of the skin. For this reason, *Rhus toxicod.* is generally indicated in freely discharging cutaneous diseases (eczema), but *Rhus vernix* in (if I may be permitted so to say) *dry* eruptions. It is true there have occurred hidroa-vesicles in both provings; but they were few and small, — nothing compared with the blisters of *Rhus toxicodendron*. In the "North American Journal," August, 1858, page 59, an *erysipelatous* affection of the face is mentioned in a case of poisoning with dogwood.

2. *Urticaria*. — To prevent any misunderstanding, I must first mention, that I have called the eruptions which, in the two provings, resembled urticaria, blotches. The similarity between the *Rhus urticaria* and the real one is so striking, particularly in regard to the *urticaria chronica*, that the two cannot be distinguished. The entire disappearance of both eruptions at times; the irregu-

lar periodicity of the attacks, produced, increased, and decreased by the same causes in both diseases,—make the similarity complete. But *Rhus vernix* is also a chief remedy in urticaria acuta. During the middle of the past winter, measles were epidemic in Concord. When the eruption had just passed its height, there appeared, in several cases, an attack of urticaria, with violent itching. *Rhus vernix* 2 removed this disease in from one to two hours.

3. *Prurigo, itching.*—*Rhus vernix* certainly ought to be numbered among the principal remedies in this most troublesome complaint. There is periodical violent itching, especially in bed at night, either simultaneous with an eruption of small vesicles, or soon followed by it. Scratching always increases the affection; and, when it has been repeatedly resorted to,—which always is the case if the disease has been of some duration,—there will be found pustules filled with pus, and scabs. A young man, generally healthy, consulted me by letter, complaining that, during the last fortnight, he had been tormented through the day, and deprived of considerable sleep nights; on account of violent itching. There were vesicles on the back. Scratching greatly increased the affection. *Rhus vernix* 2 gave, within an hour or two, permanent relief. I have also treated several other cases with a like speedy success.

4. *Hidroa.*—Whether *Rhus vernix* deserves a particular attention, when hidroa-vesicles appear during other diseases, must be determined by practical observation. A herpes labialis appeared during the second proving (11th Aug.).

5. *Erythema.*—During both provings there appeared periodically an erythema in spots, which I have called “red spots.” They were from one-fourth to three-fourths of an inch in circumference. During the second proving, I had, for a few hours, an erythema simplex on the neck. As neither of these diseases come often under treatment, I have had no opportunity of testing the efficacy of *Rhus vernix* in them.

6. *Morbilli.*—Eruptions, of an appearance precisely like measles, broke out very often during the first proving. They frequently came with the red spots and blotches, but were considerably smaller, closer together than the former, and raised a little above the surface of the skin. As *Rhus vernix* also produced an inflammation of the eyes, obstruction of the nose, with discharge of watery mucus from it, œdema of the face, and a feeling of dulness in the head, its use in measles seems sufficiently indicated; especially when the eruption is raised above the surface of the skin, and preceded and attended by œdema of the face, as was the case, during the past winter months, in Concord. Itching might also be mentioned here as a symptom common to both.

7. *Scabies.*—The itch-like eruption on my hands and fingers looked so much like the genuine disorder, that it was impossible to detect any difference from ordinary inspection. Although it cannot be expected to cure scabies with *Rhus vernix*, on account of the nature of the affection, yet I felt induced to try this medicine as a palliative; but it failed to be even this.

8. *Impetigo.*—An eruption of pustules appeared several times during the first proving. A case which may be classed under this head, I had a few years ago. A lady of twenty-two years had suffered several weeks from the following disease: On the fore-arms and hands, especially on the right side, little vesicles formed, the contents of which soon changed into pus; but, as the itching was very violent, they were almost always destroyed by scratching, before the transformation into pus was complete. These efflorescences were soon covered with thin, brownish, cracked, firmly adhering scabs, and increased in circumference. The largest was about six lines in diameter. On removing a scab, I perceived a sore, which was even with the skin, and covered with a thin layer of pus. The parts adjoining the eruptions were only slightly inflamed. Violent itching under and about the vesicles. General health good. *Rhus vernix* 2, in globules, four times a day, prevented any new eruptions, and removed the old within ten or twelve days.

I must mention two more diseases of the skin, although not produced upon myself, during the two provings.

9. *Erythema nodosum, dermatitis contusiformis* (Hebra).—In the fall of 1858, a lady who had been poisoned by using a branch of dogwood as a fan consulted me several weeks after the accident. Many remedies had been used to counteract the effects, so that, when she came to me, she only suffered from the nocturnal

itching, and an affection very much like erythema nodosum. There had appeared red spots, varying from a half to two inches in diameter, especially on the legs, below the knee. These pained her, and underwent all the changes as if caused by a fall or blow; namely, the red changed into a bluish, then greenish, yellowish color, leaving finally spots of a little darker tint than the healthy skin. Of these there were several, but in different stages. About a year afterwards, a young lady consulted me, who had suffered during the last three weeks from the genuine erythema nodosum. On the right leg, below the knee, she had seven such spots; on the left, three: all in different stages, and the largest one over two inches in diameter. This case looked so much like the other, that my first question was whether she had been poisoned by dogwood. On receiving a negative answer, I gave *Rhus vernix* 2; after which, no new spots appeared, and the old ones soon healed. The two affections, the genuine one and that caused by dogwood, not only look alike, but run the same course, and also occupy the same seat; i.e., principally the leg, below the knee.

10. *Furunculi*.—The same lady who had the erythema nodosum, caused by *Rhus*, suffered, as a *final* effect of the poisoning, from boils, for some time. In the "North American Journal," August, 1858, page 59, a case is related where the patient, poisoned also by this plant, had likewise, as the *last* affection, ten furunculi, on different parts of the body, in the course of several weeks. Some of them were quite large and painful, one lasting four weeks. Bönninghausen is of the opinion that a symptom is of more importance the later it appears during a proving. According to this, *Rhus vernix* must be the most important medicine for this disease.

Before closing, we must say that there are but very few medicines which will cause so many, so well-marked, and so complete diseases as *Rhus vernix*; but, in spite of this fact, it is very little used. Perhaps some consider its properties of the same nature, but inferior, to *Rhus toxicod*. This opinion is not correct. I scarcely need say, that I have by no means exhausted the list of cutaneous diseases in which this species of *Rhus* might be used with success; as, for instance, in *eczema solare*, for which it is frequently indicated. If this effort of mine shall induce the profession to give to this plant the consideration which it merits, I shall consider myself well repaid for my labor.

TO DR. ANGELL.

Dear Sir,—At a meeting of the Homœopathic Medical Society of Alleghany County, Pennsylvania, held Nov. 10, 1865, Dr. J. P. Dake, in view of the near approach of cholera to our shores, suggested that the following resolution be passed by the Society, and published in all homœopathic journals in the United States. The resolution was unanimously adopted as follows, viz. :—

"Resolved,—That all homœopathic physicians of the United States be requested to keep records of all cases of cholera coming under their care, giving special symptoms, treatment, and results, and have the same published."

D. COWLEY, M.D.,
Secy.

THE PHYSIOLOGICAL THEORY OF CHOLERA.—If we are to believe M. Marcy, who has just concluded a rather elaborate memoir upon the cause of cholera, the symptoms of this disease are entirely produced by the influence of the sympathetic nerve. He adduces evidence of the disorganization of the ganglia of the sympathetic in cases of cholera, and argues, somewhat upon the same ground as Dr. Chapman, that the influence of the sympathetic over the minute blood-vessels is the proximate cause of the choleraic discharges.—*London Lancet*.

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[VOL. I.

MEDICAL EXPEDIENTS.

BY W. F. JACKSON, M.D., ROXBURY.

(Read before the Massachusetts Homœopathic Medical Society.)

EVERY physician in active practice has certain means by which he accomplishes, or attempts to accomplish, certain ends. These means, which, for want of a better term, I will call medical expedients, become, in time, a part of the individual. No sooner does he perceive a certain combination of symptoms to be modified, or a certain result to be brought about, than he flies to his expedient, which experience has taught him, in similar cases, to be worthy of confidence. Whatever his practice may be in other respects, he becomes in this a "Routinist;" and, if you make the accusation, instead of flying to arms to defend himself, he quietly shrugs his shoulders, and falls behind his breastworks of experience. It is wonderful to observe how many expedients are adopted to accomplish the same end; for instance, in convulsions, A puts the feet of his little patient into hot water, while B applies cold to the head. C wraps his patient in a cold sheet, while D does the same in a hot blanket. E pours a stream of ice-water over the spinal column, &c. Each physician would defend his particular treatment, and give you scores of instances to prove its efficacy, while he would also have a like number of injurious results wherewith to condemn the practice of the others; and,

what is singular, so thoroughly identified does he become with his "expedient," that you might as well attack him personally as to cast reflections upon it.

Now, these "expedients" may be the result of observation, of experience, or the logical conclusions of certain reasoning processes. A great majority of them belong to the first class. We pick them up we know not where, we know not when. They soon store themselves away in the little niches of our memory, where they are held in readiness for any future emergency.

And now I propose to select, from my budget of "expedients," a few which will be new to most of you, and which I can recommend from personal experience and observation. I propose to introduce to you, first, the "Rum Sweat." Every physician has occasionally a patient in whom it is desirable to produce profuse diaphoresis. Now, how to accomplish this most surely, and with the least expenditure of time and labor, is certainly a question of some interest. The various expedients which have been adopted to produce diaphoresis are almost innumerable. A history of them would furnish quite a respectable volume, and would be interesting as showing to what an extent the inventive genius of man may be carried. Our allopathic brethren will use Dover's powder; the botanic, lobelia or the herb-bath; the hydropathic, the wet sheet; the chrono-thermal, the hot-air bath; and the homœopath will perhaps rely upon Aconite. Now, all of these methods have their objectionable features: the "rum sweat" has none. How, then, shall we give it? Formerly, and even now in more remote localities, the patient was stripped, placed upon a cane-bottomed chair, and enveloped, head and all, in blankets or comforters. Rum, having been placed in a saucer under the chair, was ignited. A great amount of heat was generated, and a great amount of water vaporized; and copious perspiration was sure to follow. Sometimes, however, the clothes were ignited, or the skin of the patient burned; or perhaps fainting occurred from the suddenness of the shock, or for want of air. Now for the modern method of procedure. Place your patient in bed, turn up the clothes from the foot of the same, and put

in a foot-bath, properly filled with water as hot as your patient can or will bear. Having placed the feet in the water by bending the knees at right angles, you replace the clothes, and allow the feet to remain in the bath for ten minutes. While waiting, fill a two-quart stone jug with *boiling* water, wrap towels around it, and place it near the feet of the patient, after they have been removed from the bath. Upon the towels pour a half-teacupful of alcohol, and tuck the bed-clothes tightly in. If one dose of alcohol does not answer your purpose, repeat. The heat from the boiling water vaporizes the alcohol, and the vapor extends to every spot where air is admitted. I was led to try the experiment in 1850, from having experienced, in my own person, some of the misfortunes mentioned above. From that time to this, I have never failed in this way to accomplish diaphoresis, "cito, tuto, et jucunde."

In children, where I have thought it desirable to produce a relaxation of the skin, as in case of the non-appearance of the eruption in scarlet fever or measles; or relaxation of the muscles, as in convulsions,—I have wrapped them up in a blanket wrung out of very hot water, and over this I apply dry blankets or comforters. This is a very efficacious and speedy way of administering a warm bath when hot water to any amount cannot be had. Two quarts of boiling water will suffice.

Burns, and their Treatment.—What I have said of experience in general may be emphatically repeated of this class of cases. There is nothing under the sun, I believe, which has not, sooner or later, been used to alleviate the suffering of this class of accidents. Having tried every thing of which I could hear, I have settled down to the conviction, that olive oil and the white of eggs, in equal quantities, beaten up thoroughly together, and applied with a soft brush or feather, is the best. It should be applied, if possible, before vesication has taken place. If this is not possible, the vesicles should be carefully punctured, the serum pressed out, and the compound applied until the inflammation and pain have subsided. At first, the albuminous portion of the compound will be coagulated by the heat from the inflammation, and may be carefully removed.

Generally, however, this is not necessary. A very severe case occurred, many years since, in the person of one of our fraternity, who was then studying medicine. While engaged in distilling alcohol, the retort burst. The boiling alcohol was thrown directly over his face, neck, and hands. His physician, also a member of our body, having tried all of the usual expedients, sent for me. I suggested and applied this remedy. In ten minutes he declared himself "in heaven."

If the burns or scalds are about the face, I sometimes apply a weak solution of arg. nit. to the cuticle, as soon as the coagulated albumen is removed. About half a grain to the ounce is the strength generally used.

Wash for the Nipples.—The best application which I have found for sore or cracked nipples is benzoic acid in solution. It is but very slightly soluble in warm water, but enough so for all practical purposes. If it be deemed advisable, a little borax may be added, which will assist in the solution of the acid. My own experience, however, is that it is an injury rather than a benefit. The wash may be applied frequently with advantage, and does not require removal before the next nursing.

Calendula in Gonorrhœa.—Of all "the ills that flesh is heir to," there is no one the treatment of which I undertake with so little satisfaction as this. With full faith in the power of homœopathic attenuations, I originally commenced its treatment with the same confidence which I had in treating other acute diseases. I soon found, however, that something was wrong; and, attributing my want of success to my want of knowledge and experience, I began to look around among my brother practitioners. I found that, theoretically, they cured their cases with attenuations; but that, practically, they were obliged, in a large proportion of cases, to have recourse to other treatment, or lose them. From that time to this, I have been constantly groping after something reliable, but have been forced back, again and again, upon the ordinary treatment. What success might attend the use of attenuations if the patient could be confined in bed and to a low diet, I cannot speak of from experience; for, out of hundreds of cases, I have not found one where such requirements would be ac-

ceeded to. As the results of my gropings, I have only to offer you Calendula and Copaiba as injections. As a substitute for sulphate of zinc, I have sometimes found dilute Calendula serviceable, particularly where the discharge approached to the puriform character. I do not think that it can ever supersede the zinc, but it may sometimes be used as above indicated. Latterly I have used the balsam of Copaiba as an injection, with advantage, even in the acute stage; and I think that if some means could be devised, whereby the balsam could be diluted, it might prove of the greatest advantage,—the objection being, that, in acute cases, it causes so much pain that patients rarely consent to the second application.

Nasal Catarrh.—In nasal catarrh, when relaxation of the mucous membrane occurs, and particularly where there may be ulceration, I have found the greatest advantage from the inhalation of a dilute mixture of the tincture of Teucrium and water. I put five drops of the tincture into the hollow of the hand, and fill up with water. The patient is instructed to inhale this preparation two or three times each day; and I believe that I have never known of a case where the most marked relief has not immediately followed. For nasal polypus, the books lay it down, and correctly too I believe, as a specific. I am now using a dilution of the tincture as a gargle in diphtheria. My experience, as yet, will not warrant any definite assertions: at some future time, however, I hope to offer to you some information upon the subject. This disease, like that of gonorrhœa, I consider allows the practitioner a fair field for experiment. Happy the man whose good fortune enables him to discover a remedy which may prove reliable!

Croton tig. in Eczema and Herpes.—At a former meeting of this Society, I alluded to the use of this remedy, as an external application in this class of cases. My experience since then has been quite extensive for private practice: and I can only reiterate the statements which I then made; viz., that in eczema, particularly of the scrotum, and in herpes circinatus, there is no remedy, to my knowledge, like it. Often a single application will suffice for a cure, and rarely do I have occasion to repeat it more than two or three times. In eczema

serotalis, my success has been so great that I have had repeated applications from various parts of the State. The strength which I use generally is the first decimal attenuation; but this can be varied to suit each individual case.

Dysenteric Diarrhaea.—During the autumn months, particularly during an epidemic of dysentery, we have an occasional case which does not properly belong to any class, but rather seems to be a combination of dysentery and diarrhoea. It is characterized by dark-brown, offensive, watery discharges, accompanied with severe tenesmus, pain, and a disposition to remain long at stool. Aloes, coloc., merc., and nux vom. are of little avail. If, however, one or two doses of the first decimal trituration of calomel be given, a new face is put upon matters at once. Nux vom. will then generally suffice to carry the case to a successful and speedy cure. The dose of calomel must of course be graduated to the age and strength of the patient. For an adult, I generally give about five grains; this being equivalent to half a grain of the drug. The power, however, is greatly increased by the trituration, as you well know. As a carthartic, should it be necessary to administer one, I know of nothing to compare with it. In conclusion, I will call your attention to the

Acetate of Morphia in Aconite.—Some four years since, Dr. Sherman, now of San Francisco, California, mentioned it to me, in the course of general conversation, and assured me that he found it of the greatest importance,—in short, that he could not do without it. I immediately prepared some, and can truly say that it has been of the greatest assistance to me in controlling a class of cases which I could not before reach; such, for instance, as the constant wearing cough in certain forms of consumption, the thousand-and-one complaints of nervous women, the restlessness of insanity, etc. For such cases, where I wish to procure a few hours' respite, I give a few drops of the saturated solution of morphine in aconite. The quieting influence of the salt is produced without the headache and constipation which usually follow its use.

ON THE HYPODERMIC USE OF HOMŒOPATHIC
REMEDIES.

BY J. H. WOODBURY, M.D., BOSTON.

IN presenting the following reports, I do not lay claim to any special originality, either in the mode of treatment or in the remedies used. But they may be useful in so far as they demonstrate the power of drugs to affect the system, when administered by injection beneath the epidermis, even in minute doses. The first case to which I shall refer was one of sciatica, or of violent and long-continued neuralgia of the whole group of sacral and coccygeal nerves. The patient was a hard-working man, a ship-carpenter by trade, about thirty-five years of age, of sanguine temperament; with blue eyes, brown hair, and florid complexion; and has hitherto enjoyed uninterrupted good health. On the 20th of October, 1863, he was seized, while at work, with a severe, darting, lancinating pain in the right side of the sacral and coccygeal region, and extending down the posterior side of the thigh and leg, through the whole length of the sciatic nerve and its branches, even to the foot; but most severe in the region bounded by the pyriform muscle above, and the bifurcation of the sciatic nerve below. He was at once carried to his home, and the family physician summoned. He at once diagnosed sciatica; and, being an allopathist, immediately commenced a vigorous course of treatment, the precise routine of which I am unable to give, but which, in general terms, consisted of local depletion, by means of cups and leeches, anodynes, blisters, hot fomentations, poultices, the application of tincture of iodine, a seton in the sacral region, &c. This was continued through a period of six weeks, when the patient having become discouraged, and the friends alarmed, the regular attendant was discharged, and another of the same school called in. He evidently was determined to profit by the failure of his predecessor, and adopted an entirely different course of treatment, consisting of tonics, and the hypodermic injec-

tion of the sulphate of morphia in a watery solution, which of course gave a little temporary relief; but the secondary effects of the morphia were most distressing. He had long-continued nausea, prostration, and utter helplessness for many hours, which was succeeded by a return of the same violent pain, which rendered necessary a renewal of the injection. This, again, was followed by the same results. So sanguine, however, was the physician that this treatment would eventually bring relief to the patient, that it was persevered in, with some episodes in the way of valerian, and a lotion of aconite tincture and chloroform, for ten weeks, at the expiration of which time the physician proposed to remove the patient to the Massachusetts General Hospital, at which proposition the latter demurred; and the conference resulted in the dismissal of the physician. I was then called to see the patient. I found him worn out with pain, loss of sleep and appetite. He could eat nothing, and had slept none for nearly a week, though oppressed with a sense of weariness so overpowering as to cause him, for a moment, to yield to it, and fall asleep; but so dreadful were the sensations he experienced, that he would instantly awake with a scream (the sensation, as described by him, was as though his head and heels were bent together posteriorly, and then his whole body subjected to a violent rotary motion). The whole of the right posterior sacral region and the right leg were marked and furrowed with the scars of many an application; but, as yet, the disease showed no signs of yielding. Pressure along the track of the sciatic nerve revealed a most intense sensitiveness. The bowels were constipated; the urine was voided with difficulty, was highly colored, and deposited a peculiar down-like sediment, and was highly phosphatic. He was much depressed in spirits, and had no hope of recovery; but only desired to die easily, and with less pain, if possible, than he had been suffering. In this plight, he came into my hands. It occurred to me, that this case presented a good opportunity to test the efficacy of hypodermic injection of the proper homœopathic remedies. Accordingly, I decided to give *nux vomica*, which I did in the following manner: I dissolved $\frac{1}{64}$ of a grain of the active

principle of the drug, prepared by Keith & Co., of New York, and named by them strychnin,—in distinction from the strychnine of the Pharmacopœia, and which is an alkaloid,—in a fluid drachm of water; and, of this, about one-fifth was used as an injection every six or eight hours.

The patient was, at this time, in great agony, which had continued without cessation for twenty-four hours. The injection was made beneath the epidermis, and nearly over the point of origin of the sciatic nerve. In the course of the next two hours, he began to feel a sense of relief in the thigh and leg, and, during the night, slept for half an hour, before he was awakened by the terrible sensation of rotary motion before mentioned. I saw him at seven o'clock the next morning, and he expressed himself as being more comfortable than for many preceding weeks, but complained of a peculiar drawing sensation in the thigh, and a contraction of all the flexor muscles of the limb. A second injection was then administered, and the effects noted until one o'clock P.M., when I heard the same favorable report as in the morning: there was still much pain in the limb, but much less than for many weeks previously. He slept some the succeeding night, and gradually the terrible sense of rotation ceased. At the end of a week, we found him as follows (I copy from my note-book): “Some pain still in the sacral region, and a little at times in the limb above the knee; none below, and not constant in the leg at all.

“ Slept three hours in all last night, two hours at one time; rotary motion subsided; some appetite; sat up an hour this morning. Urine free, and better in color; bowels move every day. Cannot rest the right leg on a chair, on account of the pain and contraction it causes. A good deal of rigidity of the muscles, and, at times, violent cramps.”

Veratria was now given in the same manner and dose as before, and with the effect to greatly relieve the muscular rigidity, and a certain nervous restlessness which had developed itself in the last few days.

After four days, but one injection per day was given, and that at night. At the end of three weeks, he was able to walk

out on the street, and soon after returned to his work. The diet throughout was of the most nourishing kind that his stomach would tolerate, and consisted of broths, meats, eggs, fruit, bread, &c. The cure seems every way complete and satisfactory, though not a particle of medicine entered his stomach. There was never any sloughing or inflammation of the tissues from the use of the injections.

CASE II.—A child, one year and a half old, of a strumous habit, large head, and of a family of which five children had already died from one form or another of disease of the brain, was seized with spasms at seven o'clock A.M., on Friday morning, March 4. I saw it in the course of half an hour after. It was then most violently convulsed in every limb and muscle of its little frame. Deglutition was impossible, and continued so for the next two and a half days; the eyes were open wide and staring, the pupils dilated largely; the anterior fontanelle, which was still very large, was distended by the internal pressure. I first tried persistently the cold *douche*, but with no effect. Then the head was placed upon a rubber pillow, filled with ice and water; and warm applications to the feet; the bowels were moved by an injection; heat and stimulating applications were applied to the spine and feet; the warm bath was tried, both sitz and full bath, but all to no purpose. Then ether was administered, with the hope that it would relax the muscular contraction sufficiently to admit of the administration of medicine. It did so for a moment only, and then the convulsion returned with redoubled energy. The friends of the child sadly prepared to see him follow his five luckless predecessors; and the prospect of any other result did indeed seem very remote and improbable. The patient had now continued from Friday until Sunday noon, and still was struggling in convulsions. The skin was cold and clammy; the eyes fixed, dull, and staring; the whole body rigid. At times, the violence of the convulsions would subside, but the rigidity continued. In this emergency, I determined to try the effect of a very minute dose of atropine, administered hypodermically. Accordingly, I dissolved a very minute quantity of the alkaloid in a fluid drachm of water, and admin-

istered as before. The result was apparent in a short time: the contraction soon began to relax; the convulsive movements subsided in a great degree; and, in three hours, the child was able to swallow a little milk and water. Soon after, however, the spasms again returned, but were promptly allayed by the use of the atropine. Three injections were administered in all; and then the same medicine was given a few times in the usual way, and was followed by such other remedies as the case seemed to require; and I soon had the satisfaction of seeing my patient convalescent. The only unpleasant symptom resulting from the use of atropine, and that more apparent than real, was the long-continued dilation of the pupils, which did not disappear for several days.

CASE III.—A lady, aged forty-five years, of a spare habit of body, light complexion, and blue eyes, subject to attacks of inflammatory rheumatism, had had, for two weeks, a severe attack of neuralgia of the right side of the face and head, involving the entire tract supplied by the fifth pair of nerves. The pain was frightful to bear and painful to witness, and had continued for more than two weeks; the first ten days under allopathic treatment, the last four under my own. I had tried belladonna, aconite,—in fact, all the remedies which seemed likely to afford relief, but all to very little purpose. The pain was only slightly mitigated, never for a moment suspended. I then determined to try the efficacy of hypodermic injections. I accordingly dissolved one grain of atropine in a fluid ounce of water, and injected about one drachm of the solution nearly over the origin of the facial nerve, or little below and in front of the ear. In less than half an hour, the patient exhibited all the constitutional effects of the drug: the eyes were wild and staring, the conjunctiva injected, the pupils dilated, the face flushed, and the head hot. The patient was delirious, and spasms seemed imminent. This state of things continued, with gradual amelioration, for twenty-four hours, when the symptoms had nearly all disappeared; and so had the pain, which was now very slight, and easily borne. Finding, after two days, that some pain still remained, I administered another injection, but only containing one half the quantity of

the first one. The constitutional symptoms were this time very slight; but the pain entirely disappeared for three days, when it returned slightly, and was promptly and finally removed by another injection, since which there has been no return whatever of the neuralgia.

CASE VI.—A lady aged fifty-five years was, for a long time, a martyr to neuralgia, for which she had had all kinds of treatment, but all to no effect, so far as securing permanent relief was concerned. I here used the atropine as before, but to no purpose. I then made a solution of two grains of the extract of aconite, the “extractum aconiti” of the *Pharmacopœia*. Of this, I gave, as an injection, about one drachm. The effect was manifested in less than half an hour, in the complete relief from pain, followed by a refreshing sleep. After about six hours, there was a return of the pain, though in a slighter degree; and another injection was administered, followed by complete relief for a whole day and night. The next morning was stormy, and a strong, cold east wind prevailed; and I found the patient suffering from some slight pain, and very apprehensive that it would return with its usual severity, as this was the kind of weather in which she had been accustomed to suffer severely. I gave another injection, and there was no further trouble from the pain that day. In short, after a week’s treatment, she pronounced herself cured, and she has remained so ever since. In the preparation of medicines for injection, I use the most highly concentrated forms, for the simple reason that they contain less residuum, and therefore cause less irritation to the tissues. Pure water is also the best vehicle in which to dissolve or suspend the desired medicinal substance; and, after pretty constant use of this method of administering medicine for the past five years, I have never seen a single case of ulceration, sloughing of the tissues, or even of undue inflammation, when the solvent used was water, but have seen all of these unpleasant consequences follow the use of the famous “port-wine menstruum.” As has been noticed, the medicines used in these cases were all administered in low attenuations.

I now propose to conduct a new series of observations, using

the remedies first in the medium and then in the higher attenuations ; the results of which I may, at some future time, present to this society. These cases, as before remarked, present no new features, nor any of unusual interest. Similar ones are liable to occur, and do occur, in the practice of every physician ; but they demonstrate the fact, that medicines administered hypodermically, and at the periphery of the nerves, act with equal or greater promptitude than when administered in the usual way. And the second case, while bearing testimony to the same fact, may furnish a hint at a method of administering remedies, when, as in this case, and in many cases of tetanus, deglutition is impossible.

REMARKS ON THE VARIOUS OPERATIONS FOR CATARACT, AND THEIR RECENT MODIFICATIONS.

BY H. C. ANGELL, M.D., BOSTON.

(Continued from page 102.)

SOME two years since, the attention of the profession was directed to a good-sized *brochure*, appearing from a respectable source, entitled, "A new and perfectly safe Operation for the Cure of Cataract," by Professor Julius Jacobson, of Königsberg, Prussia. He had operated, according to his method, in one hundred cases, ninety-eight of which were successful. This was a most astounding result. On examination, however, his operation was found not to be a new one, but merely a modification of the usual one in the lower section of the cornea, and could not be wholly devoid of danger. His method of procedure is, first, to narcotize the patient thoroughly. He then makes a large flap inferiorally, not in the cornea, but in the sclerotica, just without the corneal limbus. Then, after the delivery of the lens, he makes an iridectomy, by drawing from the eye a portion of the lower segment of the iris,—the part which he affirms is often bruised by the passage of the lens— and cutting it off. His object in narcotizing is to insure quiet in the patient, his operation being a double one, and more difficult than that usually practised. It is also more

painful, the sclerotica, near the cornea, being very vascular, and more sensitive than the cornea itself. He lays the flap in the selera, because he believes its tissue, just at its junction with the cornea, more disposed to heal than the cornea proper; besides, he wishes to excise his bit of iris from its very base, and this large wound enables him to do so. He performs iridectomy for the sake not only of removing that part of the bruised iris, in which he believes is centered the germs of inflammation, and all the ills that pertain to unsuccessful cases, but as an antiphlogistic measure against intra-ocular pressure, or other possible troubles.

Notwithstanding the promises of this pamphlet, and the respectability of its author, the new method seems to have found few friends. The profession appears incredulous. The author should have told us something of the age, the constitution, the general health, of his subjects, that we might judge of their average condition, and thereby form a more correct estimate of his achievements. He should have informed us also just what he considers a successful cure. If, after the extraction of an opaque lens, the cornea remain perfectly transparent, the iris healthy and without trace of irritation, and the patient, with the aid of glasses, be able to read a fine print readily, it is a successsful result,—brilliantly successful. If, in another case, the patient can only make out coarse print with difficulty, can see well enough to find his way about the streets, this also is a success; for, before the operation, the patient could do no more than distinguish night from day. But it is a very different success from the other. We should not be justified in adopting a mode of operating which only promised a success like this.

It is also a question whether the suppurative process in the iris and cornea, which is fatal to so many eyes after extraction, originates in the iris. It is only a few months since I held a conversation with Sichel, of Paris, on this very point. He is positive that it does not originate in the injury done to the iris, but that it commences in the corneal substance; and that it is occasioned by a want of precise adaptation of the lips of the corneal wound, whereby the union, by primary intention, is prevented.

Other and equally weighty authorities are just as positive that the process commences in the iris. I confess to an inability to form a satisfactory opinion on the subject.

I have already stated my objections to an invariable coupling of iridectomy with extraction, and these objections apply still more strongly to the method of Jacobson. His flap being made inferiorally, he must, of course, excise his portion of iris from its inferior segment; while Mooren, practising his iridectomy some two weeks before the extraction, has his choice of the whole circle of the iris. He can therefore excise a portion of its superior segment, and the deformity will be tolerably covered by the upper lid.

The operations which we have been considering are all for hard or senile cataract. The operation called "linear extraction" is the one most in vogue at present for the removal of soft cataracts,—those occurring in younger people, and those of traumatic origin. An incision is made in the cornea, just within its outer edge, of perhaps two or three lines in length. A needle or cystotom is then introduced, the capsule thoroughly lacerated, and the soft substance of the lens gently pressed through the opening. In cases for which this form of extraction is suited, it is preferable to the flap operation, as involving much less risk of subsequent suppuration and opacity of the cornea. Recently, this operation has been proposed by Græfe, in accordance with an idea of Gibson, for a harder kind of cataract, where the nucleus is hard, but the cortical substance pulpy. Schuft, of Berlin, has invented a number of spoonlike instruments to facilitate the removal of the firmer portion of the lens. He introduces one of his miniature spoons into the eye, and, passing it carefully behind the lens, scoops it out of its cup-like fossa, and draws it from the eye. This operation has, however, not been successful enough, as yet, to warrant its adoption to any extent. It is not difficult to perform; but the iris is often more or less bruised by the manipulations within the eye, and iritis results. In the next number of the Gazette, the operations for reclination, dissection, and other and later methods for removing or extracting the lens, will be considered.

BROMIDE OF AMMONIUM IN PERTUSSIS.

BY C. E. SANFORD, M.D., BRIDGEPORT, CONN.

NOTICING in the February number of the Gazette an article with the above title, giving the report of its use in a case under the care of Dr. W. T. Okie, of Newport, I was led to try it, under circumstances in which other remedies had failed me, and, I think, with good results. I obtained some of the drug Monday, April 30th. I was then treating a family, consisting of mother and two children, for pertussis. The mother had had whooping cough in early life, yet her symptoms were the most distressing of the three; and it was more particularly for the mother that I obtained the medicine. The children required little if any treatment. The little boy commenced coughing the last week in March; the girl, aged four years, about the 14th of April, and the mother two or three days after. The primary cough of the mother seemed to be the result of a severe cold, causing considerable irritation of the bronchial membrane, intensified and aggravated by the whooping-cough poison. When I obtained the Bromide, I had been treating the case some two weeks without the least benefit, although I had persistently tried the remedies that appeared to me best indicated, both by mouth and by inhalation. The cough was dry, spasmodic, and very severe; and at times, with an intermission of only a few moments, almost continuous for hours. Especially when lying down at night she coughed almost without intermission for three or four hours.

The patient described the feeling in her throat as a sensation of tickling irritation, with heat or burning.

I made the first decimal trituration of the Bromide of Ammonium, and gave of it about two grains in powder. This she took during Monday evening and night until Tuesday noon every two hours, with no perceptible benefit. Then I increased the dose to five grains of first trituration every two hours. This was taken until late in the evening Tuesday, when I found all the symptoms aggravated, especially the itching and burning of the mucous membrane, which seemed to extend

from the nose and throat through the bronchiæ. For this I gave one dose of sanguinaria, which afforded some relief. Wednesday morning I made a solution of six or eight grains of the first trituration of the Bromide in half a tumbler of water, and gave two teaspoonfuls every three hours. From this time the patient commenced to improve rapidly; and in four or five days she had only a slight cough, and medicine was omitted.

CASE II.—A lady thirty-five years old, of decided scrofulous constitution, whom I had treated for months at different times for a severe spasmodic cough, produced by taking cold. Her cough at times was most distressing, being hoarse, dry, spasmodic, asthmatic, and exhausting, without any secretion. I prescribed the Bromide of Ammonium, Sunday, May 13th; ten grains, first trituration, in a six-ounce bottle, to be half filled with water, the powder added, thoroughly shaken, and then water added until nearly full. Of this a dessert-spoonful was prescribed, once in two hours.

To-day, May 24th, saw the patient. She desired more of that medicine. Said it acted like a charm, relieving the symptoms almost entirely in a few hours.

RATANIA IN ASCARIS VERMICULARIS.

BY A. M. CUSHING, M.D., LYNN.

DURING a recent proving of Ratania, I experienced severe itching of the anus and rectum. I have since prescribed it for several cases of ascaris vermicularis, or pin worms, in children. The patients have generally complained of severe itching about the anus. In no case has the second dose failed to give relief. I give it at night, on retiring, in the third dilution. Will the profession try it, and report?

The New-England Medical Gazette.

BOSTON, JULY 15, 1866.

Cholera. By CARROLL DUNHAM, M.D. New York: J. T. S. Smith & Sons, 105, Fourth Avenue.

Cholera; its Prevention and Cure. By GEORGE E. SHIPMAN, M.D. Chicago: C. S. Halsey, 147, Clark Street.

THESE two pamphlets are opportune, and their general circulation will undoubtedly be productive of good in the community at large. The first is an excellent *resumé* of whatever is known concerning Asiatic cholera, and can be recommended to the attention of physicians as well as laymen. We trust that the author of the second of these pamphlets will not fail to give Dr. Dunham's remarks on contagion and quarantine a careful perusal. The positions there assumed on these points are those that we have long deemed impregnable, and are the precise antipodes of those of Dr. Shipman. The latter says (page 7) of quarantines: "They are puerile, inadequate, and of no use any way. Not only this: they keep communities in constant excitement and apprehension; hence, besides doing no good, they are an injury." This opinion of Dr. Shipman, we are aware, is shared by many physicians in this country; and yet the history of our present cholera invasion in New York demonstrates the usefulness of quarantine, at least, in staying an outbreak. We have now had, according to reliable reports, not more than a dozen cases of cholera in the city proper; whereas, if no quarantine had been practised, it seems very probable that we might have had as many hundreds. Even Dr. Shipman, with all his contempt of quarantine regulations, would scarcely have been willing to welcome these filthy and infected steerage passengers of the steamship "England," or others in a similar condition, at once to the interior of New-York city. We speak with the more confidence,

in this connection, of Dr. Shipman, because he says, on page 5, "During cholera, this matter (the evacuations of the patient) should have especial attention, since some think, and with apparent good reason, that cholera is propagated by means of the discharges of cholera patients."

Dr. Dunham justly says of quarantines:—

"It is not known that quarantine regulations have ever protected any community during the entire course of any epidemic; yet, on the other hand, there is abundant evidence that a strict quarantine has interposed, for a time at least, an effectual bar to the advance of disease; thus postponing its visitations, though it could not prevent them. To all who properly value human life above convenience in journeying, and the uninterrupted flow of trade, this fact is a sufficient argument in favor of a strict quarantine."

Entertaining views so adverse to quarantines, Dr. Shipman could hardly be expected to avow himself a believer in the contagiousness of Asiatic cholera. It seems to us, that, if those persons who disbelieve in the contagiousness of cholera could be made to comprehend the general truth that a disease may be contagious, and yet but slightly so; that it may differ in this respect, at different times, according to its virulence or mildness, or according to the susceptibility or non-susceptibility of the community,—we should all be more harmonious in our opinions concerning the contagiousness of cholera, as well as of several other diseases. We quote again the very impartial views of Dr. Dunham, at page 10, upon this point:—

"From all the evidence on this subject, we may conclude, that, while in certain epidemics cholera has undoubtedly been introduced and propagated by contagion, yet the degree of contagiousness of the disease has greatly varied in different places, at different times, and under different circumstances. We think that 'contagiousness is not an *essential attribute*' of this (if of any) disease; 'it is an accident, depending upon many modifying causes' (Russell); and that, in most cases of disease (cholera as well as other diseases), the question is not so much one of *kind* (contagious or not contagious), as rather one of *degree* (*highly* contagious or *slightly* so).

"It appears that, at all times, there have been requisite, for the prevalence of cholera in a community, a peculiar state of the atmos-

phere, and peculiar local conditions. And, almost always, those who are attacked by cholera are found to have been previously subjected to the influence of certain *predisposing causes*.

“Admitting, therefore, the importance of contagion as a means of conveying the *SEED* of cholera, we perceive that there must be in the *individual*, in whom the seed is planted, a **CONGENIAL SOIL**; and there must be likewise, in the general conditions of atmosphere and mode of life to which that individual is subjected, a **FAVORABLE CLIMATE**. If these be lacking, the seed will not germinate, and bear fruit after his kind.”

Certainly, if any thing positive whatever is known of Asiatic cholera, this is known; viz., that the disease is frequently disseminated by human intercourse, and that the medium of the infection is frequently the dejections of the patient. Admitting these facts, how can one reasonably object to judicious quarantine regulations?

A Practical Homœopathic Treatise on the Diseases of Women and Children; intended for intelligent Heads of Families, and Students in Medicine. By HENRY MINTON, M.D. New York: Blelock and Company. Royal octavo, pp. 461.

THIS treatise of Dr. Minton's is nicely printed, and altogether prepossessing in appearance. It is too large, however, for a domestic work. A woman afflicted with any of the diseases, so graphically described by Dr. Minton, would find the volume heavy for the hand. Aside from its size, it seems to us remarkably well compiled and arranged for domestic use. The idea of embracing, in such a book, the disorders of women and children only, is very proper. The diseases of men have no more claim to a place in a domestic work than the diseases of horses. A full-fledged physician is necessary to a man, and ten to one, then, that the patient manages the doctor, instead of the doctor the patient. When Dr. Minton prepares the second edition, he will probably omit all allusion to students in medicine on the title-page, because his book is neither full enough nor scientific enough for students. He will cut down the work at least one hundred pages, leaving out all extraneous matter; recommending, perhaps, five instead of twenty-five different remedies for the tooth-ache. He will probably omit that exploded old tabular statement of what patients may and may not eat, and wherein is forbidden coffee, pepper, pickles, celery, pastry, lemonade, &c. He will particularly see that the line forbidding *rancid butter*

is unnecessary. He will not again put the following in print: "Persons suffering from transient attacks of indigestion should never drink any thing but water, toast water, or whey." All these little things, however, are exceptional to the general practical excellence of the work, and can be easily remedied in a future edition. Meanwhile, we commend this treatise on the diseases of women and children to heads of families, as a work much above the average merit of domestic treatises in general.

DR. LENTE'S METHOD OF ADMINISTERING SULPHURIC ETHER.

WE extract the following from a communication made to the College of Physicians, Philadelphia, May 3, 1865, by Dr. Packard:—

"Dr. Lente's statements, as before quoted, led me to write to him to inquire as to the method of administering the ether, in order to obtain the effect in so short a time, and with so small a quantity of the article. His answer to my question is contained in the following extract from his letter:—

"All you want for the efficient administration of ether, after procuring a pure article (and Squibb's I prefer to any other), are stiff paper and a rather stiff and thick towel, if one can be had,—if not, any will do. I usually take a newspaper,—as that is to be had in every house,—fold it so as to make it about eighteen inches long and seven to eight broad; fold the towel so as to correspond; lay one on the other, fold them so as to form a cone, with the *towel inside*, and pin them securely, especially the edges of the towel inside, so that it will not fall on the face and annoy the patient. The apex of the cone must be folded tightly, so that *no air* can enter. If the cone is rather elongated, I stuff a white handkerchief tightly into it, so as not to have its capacity too great. You see the great object is to have the vapor *as concentrated as possible*, just the reverse of what is safe with the vapor of chloroform. The patient being all ready, I explain to him fully how to inhale the ether, and the unpleasant symptoms which he will probably experience at first, assuring him of the perfect safety of the process (which cannot be done in the case of chloroform). I then have some one take hold of his hands quietly, so as to be ready to arrest any sudden movement towards tearing away the inhaler from the face, and other assistants to look out for other violent movements, so that the process, when once commenced, shall not be interrupted for a moment. I then pour on, from a three or four ounce bottle with not too narrow a mouth, about a drachm or two of ether (if I am anxious to use as little as possible), if not, a little more, until I ascertain the capacity of the patient for breathing it; if he does not cough or strangle, I put it in close contact, taking care always not to press in the sides of the cone so as to encroach on its capacity,

holding it with *both hands* near its edges, and pressing them pretty firmly, at all points, against the face. If he persistently hold his breath, as patients occasionally do, or strangle in any considerable degree, I remove it *slightly* from the face for a moment. In a very short time, I throw on an ounce more of ether, and then keep the inhaler in close contact with the face; this is repeated, scarcely ever using more than three or four drachms at each fresh application, until the etherization is effected. A very important point, and one most generally neglected, is to keep the inhaler away as short a time as possible when replenishing the ether, *throwing it on*, and not deliberately pouring it on, as I usually see done. As long as the patient retains consciousness, if he does not follow my directions with regard to full and rapid inspirations, I now and then call loudly in his ear, *Breathe strongly!* No matter how hard his struggles are, after he has commenced to breathe fully I never "let up;" but keep the cone remorselessly pressed against his face, and ply him still more strongly with the ether. This must be especially attended to in the case of all children: for with them it is generally a struggle from the beginning, whether ether or chloroform be used; and it is neither necessary nor practicable to get their confidence so as to ease them with the inhalation, as I have described above in the case of adults. Their cries, and consequent full inspirations, cause them to succumb very rapidly.

" By following these directions, you will, after a little practice, etherize your patients as quickly, and with as little trouble, as you can safely chloroformize them,—that is, in from three to four minutes (average), and with from one and a half to two and a half ounces of ether. But if you choose to use from *two to three* ounces of the drug,—and more than the latter is almost never necessary,—you may shorten the time by a minute. I speak of comparatively robust adult subjects; with feebler, less time and less ether are required. It is better to have no current of air about the patient during the process, if possible. It is important to be fully impressed with the fact, that there is absolutely no danger of death from *too sudden action* of the ether; otherwise, we will not give it with sufficient confidence to insure a prompt result. The little danger attaching to ether is from *prostration*, which always occurs after the operation is over, and the patient has recovered his consciousness. I have, in several communications, insisted that the pulse should be watched for a time after the administration of ether, especially in delicate subjects, or if there are any indications of extreme debility. I have had and have published several cases of severe prostration succeeding etherization; but I have never seen any case where I could get a patient too suddenly under the effect of sulphuric ether. It is not surprising, that, when the manner of administering the two agents is so entirely different, those who have generally been in the habit of using one should fail when attempting to employ the other, until they have become thoroughly accustomed to it. I gave ether a short time ago to myself, in the hospital at West Point, unassisted; and became completely insensible with half an ounce, so as to be unconscious of the extraction of a

molar tooth by the hospital steward, Mr. Saunders. A few days after, with a four-ounce bottle of ether, I etherized three patients, from whose jaws the steward extracted at least forty teeth in the aggregate, and used only about three-fourths of the contents of the bottle. As regards the *nausea* and *vomiting*, referred to in your letter, if no food be taken for four or six hours before the operation, there is seldom any trouble worth mentioning. It is usually well to give a little brandy and water or a glass of wine before the operation, especially if the subject be feeble. And in case of severe operations, if much prostration supervenes, I give an enema of brandy and water. I have thought for some time of having an inhaler constructed of silver-wire network, with a cone of woollen over it, and some impervious material over that, as suggested by my friend Prof. T. G. Thomas; but I succeed so well with the extemporized apparatus above described, that I have not yet had it done.'

"I have not yet had an opportunity of trying this method of administering ether; but, from what I know of Dr. Lente, I am inclined to place great confidence in what he says. It is very doubtful whether we ever obtain any other anaesthetic agent at once so safe and so efficient as sulphuric ether: we certainly have not found any such as yet. If, therefore, we can improve upon the methods now generally in vogue for its administration, we shall do well to prefer it to its more dangerous rivals." — *American Journal Medical Sciences.*

ON ETHER AS A LOCAL APPLICATION.

OUR attention was drawn to this subject by an article in the Quarterly Summary of the number of this Journal for October, 1864, p. 523, on the "Pathology and Treatment of Aphthæ." The author of that article, Dr. Jules Worms, whose paper originally appeared in the "Gazette Hebdomadaire," concluded, from a minute examination of the deposit on the surface of aphthæ, that it consisted of a fatty matter which is not to be found in any other disease of the mouth; and he inferred from the solubility of the exudation in ether, that this article might prove a useful remedy for the affection. Accordingly, he resorted to the application, and with the most beneficial results. This remedial agent removes, he states, "the yellowish secretion, a new epithelium promptly forms, and no trace of the superficial ulcers remains beyond slightly increased vascularity of the mucous membranes."

Prompted by this statement, I determined to give the remedy an extended trial; and I shall now endeavor to show, by the results, that ether locally applied is a most efficient remedy, not only in aphthous ulcers, but also in most of the other diseases of the mucous membrane of the mouth and adjacent parts, in which, according to the researches of Dr. Worms, the deposits are of a non-fatty nature.

Aphthæ.—We have used the application in several cases of this disease, and invariably found the affection to yield after a few applications, daily repeated. A camel's-hair brush was dipped in ether, and applied freely over the parts; it appeared to smart a little at first, but great relief soon followed. This was certainly marked, both in character and point of time, in comparison with that obtained by borax and similar preparations.

“*Thrush.*”—In this disease, above all others, we have been pleased with the results of the application. The cases presented themselves in the obstetrical wards of the Philadelphia Hospital, Blockley, which of course were fruitful in that disease, containing so many badly nourished children. It was applied directly to the parts, as in aphthæ, with a camel's-hair brush. At first it produced, or seemed to produce, a slight difficulty in inspiration, which was soon relieved by a hearty cry of the infant. Of course, its presence in the mouth could not have been pleasant, but in no case was it followed by an unpleasant symptom. The deposit was not immediately dissolved, but seemed to disappear gradually; and in most cases, after twenty-four hours, there was none whatever to be seen, and the one application completed the cure (at least, the local cure). In other cases a few spots remained; and, if they persisted after another twenty-four hours, we repeated the application, and in every instance a cure resulted. These cases were all carefully watched, some of them for several months; and in no case was there the slightest return of the complaint. In from three to four days, the mucous membranes became perfectly normal: in the interval from the disappearance of the deposit to this time, it presented something of the appearance of erythematous stomatitis, without the usual dryness attendant on that affection. Between twenty and thirty cases were treated in this manner, and after the disappearance of the thrush they improved wonderfully. These results tend to strengthen the idea that thrush is a local disease, confined to the mouth; or, at least, that this part only causes inconvenience, and the constitutional troubles, as it were, radiate from that centre.

“*Ulcero-Membranous Stomatitis.*”—In this disease, we have had the opportunity of testing it in three cases. One supervening upon pleurisy died, with extensive sloughing of the parts of the jaw involved. Another recovered without any serious trouble, and seemed to have been greatly benefited by the ether. The third case, more serious, also recovered. Here the parts were apparently in a gangrenous condition; and it only differed from true gangrene of the mouth in commencing in, and being more particularly confined to, the gums, without seriously involving the cheek. The sloughs were kept well detached, the parts washed with diluted chlorinated soda, and the ether applied thoroughly morning and evening. A change for the better soon came over the parts, and the patient recovered with the loss of a portion of the alveolar border of the jaw. Of course, we combined with this treatment tonics and stimulants to the fullest extent.

The question here arises, whether ether might not act beneficially locally applied to true gangrene?

In acute pharyngitis, the sore throat every day met with, we have found it one of the very best applications, in all its stages. We apply it with a camel's-hair brush: at first it stings for a minute or two, and then a pleasant coolness is experienced in the part, giving most marked relief, and patients almost invariably express themselves as feeling greatly benefited. The most noticeable feature in these cases is the rapid subsidence of the swelling and tumefaction of the parts, and which the patients never fail to notice. In chronic pharyngitis also it produces the same marked relief; and in specific and non-specific ulcerations of the throat, where the patient is much troubled by the accumulations of mucus and the other secretions, we have found the best plan of treatment to consist in washing out the throat well with a mop, dipped in a strong alkaline solution, which dissipates the mucus, &c., and then applying ether to the parts. In chronic laryngitis, we have seen benefit derived from inhaling ether, not, of course, up to the production of anaesthesia. Here an attempt at its local application proves decidedly irritating.

In diphtheria, we have not yet had the opportunity of testing the remedy, but this is the disease in which we have always expected to derive the greatest benefit from it. While we do not consider the mere throat manifestations as the sum and substance of diphtheria, nevertheless it is rational to suppose that these exudations, when swallowed, must tend to poison the system anew, and set up exhausting diarrhoeas, &c.; and, looking at them in this light, it is certainly of the greatest importance to get rid of them. It is also, perhaps, of not less importance to get rid of the mechanical impediment which they offer to the breathing, and also of the swelling, which is so often a serious matter. As before stated, we have not had the opportunity of testing it in this disease; but my friend Dr. D. F. Woods, of this city, has kindly reported to me a case in which he used it, and in which he derived from it all the benefits before mentioned. He said it appeared to disperse the membrane, reduced the swelling, and altogether placed the patient in a more comfortable condition. Dr. Woods also reported to me, that he had used it often in the ordinary pharyngitis, tonsillitis, &c., frequently combining nitrate of silver with it, and always with the most marked and decided benefit; surpassing, in his estimation, all other remedies.

It strikes me, at the moment, that ether might also be useful to cleanse the teeth, gums, and tongue from sordes, and such accumulations in low fevers; and might possibly produce a permanent change for the better in the secreting apparatus there situated.

There is another trouble in which ether must prove a very valuable remedy, although we have not had the opportunity of testing it. We refer to "herpes præputialis," that annoying and troublesome complaint with which some persons are so much afflicted. It would also possibly prove efficacious in many skin affections, such as eczema, psoriasis, &c., the crusts having first been removed with a poultice.

According to Professor Wood, ether has been locally applied to neuralgic pains, earache, superficial burns and scalds, and also to aid in the

reduction of strangulated hernia; but in all these cases the cuticle was entire. There are doubtless many other conditions in which ether might be beneficially applied as a local agent, and which will doubtless suggest themselves in practice. There is, however, one more condition in which we must refer to its beneficial action; viz., chronic ulcers. We have not had the opportunity recently of observing it in those troublesome lesions, and here beg leave to express our thanks for the following observations made in the surgical wards of the Philadelphia Hospital, Blockley, by our friend Dr. Charles E. Smith, jr., resident physician in that institution:—

“At the suggestion of Dr. J. J. Black, I tried the effects of ether as an application to chronic ulcers in the surgical wards of the Philadelphia Hospital, Blockley. For the first trial, I selected ten cases, the ulcers being on the legs, and from one to twelve years’ standing; some of them having been partially healed during that time, and had re-opened. In seven of these ten cases, the sores were covered with a dirty yellowish-white exudation, looking as though melted tallow had been poured over them; two were indolent in character, with thickened and everted edges; one was in a sloughing condition. The seven first mentioned healed up rapidly in from two to four weeks, leaving a *very* small cicatrix. The indolent ones improved for a time under the use of the ether, but soon ceased to respond, other remedies seeming to finish what it began. The sloughing one remained as it was, the application seeming to have no effect. The patient died of scurvy. After this I tried it upon three more cases, in which the tallow-like exudation was well marked, with the most satisfactory results, they having healed within three weeks. The ether was applied with a camel’s-hair pencil, about one drachm painted on every morning like varnish; nothing else being done for them, except supporting the leg with a bandage. They improved from the first application, granulations of a healthy character sprang up almost immediately; and the ulcers healed rapidly, leaving a very slight cicatrix. In one case in particular, in which the ulcers had existed for three years, the skin for several inches around them being of a dirty-brown color, healed as though by magic, and at the end of a month the coloration had almost entirely disappeared. These experiments have led me to the conclusion, that, in chronic ulcers, in which there is an exudation over the surface looking like a false membrane, the ether causes it to disappear and granulations to spring up, the ulcers healing much sooner than by any other means. In indolent ulcers with raised edges, it acts very well for a time as a stimulant, but sooner commences to lose its power. I think the ether acts more decidedly during hot than during cold weather, the ulcers then appearing to respond to it with more certainty.”

The ether used in all the foregoing cases was the sulphuric ether,—the “Æther,” U.S.P.

In regard to the manner in which ether locally applied produces its results, we remark, in the first place, that it is a local stimulus, and appears thoroughly searching and penetrating in its action. Thus, then, it increases absorption, prevents or dispels congestion, and allows free

osmotic action. Again, very probably it changes the nature of the local cell action, which, having been turned from its normal channel, may thus be driven back to its course. Again, it undoubtedly acts to a great extent chemically. It has been shown by Rokitansky and others, that most of these exudative inflammations contain fat,—both the mucoid exudative and the fibrinous exudative, the one running into the other, except it be checked. Now, the well-known solvent power of ether over fats shows us then that it must act beneficially through its chemical properties. Other chemical changes it doubtless brings about, but of their true nature we are at present unable to determine.

Such, then, are the results obtained from our short experience in the application of ether as a local remedy; that it is available for much more extended usefulness, we have little doubt; as such, then, we commend it to the profession, with the full assurance that it will prove a valuable accession to the armamentarium of the physician.

N.B.—It is well to bear in mind, when using ether in any manner, that great caution must always be observed to prevent the near approach of flame or heat to it; for by neglecting this point serious accidents may arise.—*Dr. Black in Am. Jour. Med. Sciences.*

ALBANY COUNTY HOMOEOPATHIC MEDICAL SOCIETY.—Extracts from the proceedings of a regular quarterly meeting of the Society, held at the office of Dr. D. Springsteen, April 13, 1866.

Resolutions adopted at a special meeting held in February, showing the position of the Society with reference to Life Insurance Companies, were read, slightly modified, and again unanimously adopted, and ordered to be published as a part of the proceedings of the meeting. The resolutions are as follows:—

Whereas certain Life Insurance Companies, having recently dismissed from the office of medical examiner two of the members of this Society, solely because they were homœopathic practitioners, and have instructed their agents in no instance to appoint homœopathic physicians for medical examiners, and

Whereas the directors of said Insurance Companies, by allowing themselves to be controlled by allopathic medical counsel at their home offices respectively, greatly strengthen the present unreasonable and illiberal position of the allopathic school of medicine, therefore

Resolved, That our own self-respect requires us to decline to fill certificates as attending physicians, except in cases in which the regularly appointed medical examiner for the company is a homœopathic physician.

Resolved, That we hereby pledge ourselves to extend our influence and patronage to those companies *only*, whose honorable and impartial action respecting the two rival schools of medicine is attested by the official appointment of at least one medical examiner from among the homœopathic practitioners residing in this city.

The Secretary called attention to the recent organization of a Life Insurance Company in this city, in the success of which the patrons of homœopathy and all other schools of medicine will take a deep interest. Two other Life Insurance Companies, one in this country and one in England, deduct ten per cent from all premiums paid by patrons of homœopathy; this is the only Company, however, which has so based its apportionment of dividends upon the ratio of longevity, as, if practicable, to make a still greater deduction. This is the only Company, also, which has adopted a system so arranged as to indicate the exact

superiority of homœopathic over that of all other methods of treatment. The officers of the Atlantic Mutual offer the most liberal inducements to insurers that can ever be made by any company, and place, for the first time, the two rival schools upon an equal and perfectly equitable basis.

The Secretary presented the following statement respecting the Atlantic Mutual Life Insurance Company:—

The officers of this Company rely for support especially upon the influence and co-operation of physicians and patrons of the homœopathic school. Perceiving the impropriety of insuring the patrons of the homœopathic and the allopathic systems of practice upon equal rates, they have decided to make a distinction in favor of the former class. Accordingly, they propose not only to make a deduction of ten per cent from the regular rates charged by other first-class companies on all premiums paid by the patrons of homœopathy, but, if practicable, to make a still greater deduction. Inasmuch as the comparative rates of mortality are not definitely ascertained, and believing that the results of a few years' experience will establish the fact that a difference of from twenty to twenty-five per cent will be found to exist; and, that the patrons of homœopathy may receive the full benefit of increased longevity, to which their system is entitled, the officers of this Company intend to base the apportionment of the dividends upon the ratio of mortality.

The practical advantage of this plan, which has never been adopted by any other Company, will be applied *in increasing the dividends or in diminishing the percentage of premium, as the case may be, in proportion as the ratio of longevity is increased.* Still another advantage is derived from the fact that the *exact superiority* of the homœopathic system of medical treatment over that of all others will be conclusively demonstrated.

The practitioners and patrons of the new system will readily perceive that their interests will be permanently promoted by giving this enterprise their united and cordial support; as its success is coincident with the interests of the homœopathic practice of medicine.

The following resolution was adopted:—

Resolved, That we cheerfully recommend the Atlantic Mutual Life Insurance Company as safe and reliable, and in every respect worthy of our confidence and patronage.

H. M. Paine, Secretary.

NARCEINE.—M. Liné, formerly Interne des Hôpitaux, after a series of experiments with narceine in the wards of M. Delpech, gives the following *résumé* of his observations:—

1st, Of all the alkaloids contained in opium, narceine possesses hypnotic power to the greatest extent. In the great majority of cases, neither morphine or codeine produce so long or so profound a sleep.

2d, Narceine causes only in a very feeble degree the physiological phenomena consequent upon the sleep produced by morphine and the salts of that base. Besides, the perspiration is much less abundant than after the use of opiates. Vomiting is rare; nausea and loss of appetite more common. Narceine, in its action upon the intestine, differs sensibly from morphine; instead of causing obstinate constipation, its effect, in small doses, is that of a gentle aperient. In larger doses, it causes a diarrhoea.

3d, Narceine relieves pain, like all opiates.

Among the different effects produced upon the secreting organs, that upon the kidneys is nearly constant. Anuria, to a greater or less extent, is noticed particularly after rather large doses. Perhaps this peculiar action of narceine might be turned to account in the treatment of incontinence of urine in children.—*Gazette des Hôpitaux.*

THE NEW-ENGLAND
MEDICAL GAZETTE.

No. 8.]

BOSTON, AUGUST 15, 1866.

[VOL. I.

REMARKS ON THE VARIOUS OPERATIONS FOR CATARACT,
AND THEIR RECENT MODIFICATIONS.

BY H. C. ANGELL, M.D., BOSTON.

(Continued from page 167.)

RECLINATION, otherwise called depression or couching, though not employed so frequently as formerly, is still practised in cases of senile or hard cataract, where extraction is inadmissible or unadvisable. For instance, in very aged persons of active habits, where confinement to the bed for a week or more would be very irksome to the patient, and perhaps fatal to the success of the operation; or in those of feeble health, who might not be able to bear an operation of so much importance as extraction; or in that class of patients where slight wounds heal with difficulty, and suppuration of the corneal wound is to be feared.

Reclination is probably the oldest of all operations for cataract, and is accurately described by Celsus, who flourished in the first century, during the days of Augustus and Tiberius. Celsus operated with a straight pointed needle, which he thrust into the sclerotica at a point equidistant from the cornea and the external angle of the eye, pressed the lens slightly downward from its place, and held it there a short time to insure its remaining. If it rose again in spite of this precaution, he immediately broke it up, and, withdrawing the instrument, covered the eye with wool saturated with white of egg. No deviation

from this method of Celsus is chronicled up to the year 1722, when Petit practised rupturing the capsule posteriorally, and pushing the lens backward through the opening. Since this date, various modifications in the method of operating have been tried. The lens has been pushed upward and outward, as well as backward; and it has been recommended to enter the eye directly in front of the pupil, through the cornea. At the present time, we enter the eye through the sclerotica, at a distance of two lines from the cornea towards the outer angle of the eye, and a line or two below the equator. This point is selected because the ciliary body is here diminished in thickness, and consequently the eye is soonest entered. Nearer the cornea, the thicker ciliary muscle would be wounded. Further from the cornea, you would come upon the lens from behind, and would be unable to introduce the needle between the lens and iris, parallel to the latter, without wounding either one or the other. We enter just beneath the horizontal meridian, in order to avoid wounding the long ciliary artery with its accompanying vein and nerve. The needle at present in use is delicate, flattened and spear-shaped towards its point, and double-edged. It is carried forward until its flat surface is directly behind the pupil, and against the anterior capsule. The lens is then pressed gently backward and downward out of the field of vision. It is pressed in this particular direction in order that, if possible, it may lie isolated in the humor vitreous, free from contact with the ciliary bodies and the choroid, upon which it would otherwise act as a foreign body, and cause irritation. In fact, the great danger from the operation always is, that, sooner or later, the lens will come in contact with the chorioidea and cause a choroiditis. Exigencies may arise during this operation also requiring modifications. It may be necessary to repeat the manipulation for depressing the lens several times before withdrawing the needle, in order to insure its not rising again above the pupillary margin. It is possible also, that, on attempting to recline the lens, the sudden rupture of the capsule, with the intra-ocular pressure, may precipitate the cataract over the needle into the anterior chamber. This will probably necessitate an extraction through the cornea; and

will be an embarrassing position for the surgeon, especially if he has previously decided that extraction is unadvisable from the age, health, or condition of the patient.

Discission, or the operation for the absorption of the opaque lens *in situ*, seems to have been practised as a method by itself for the first time about a hundred years ago by the Germans. It is available for soft cataract only, and, since the revival of linear extraction, is less in favor than a few years since. The operation itself, that of puncturing the cornea in front of the pupil, and carrying the needle forward to the lens, rupturing its anterior capsule, and breaking up its substance, is very simple: but the result is occasionally a sudden swelling of the lens-matter from contact with the humor aqueous; the process of maceration and absorption seems to have begun too suddenly, and inflammation ensues. In such event, to avoid an iritis and probable closure of the pupil, a linear extraction must be performed. Discission is now practised as a part of, or rather as preparatory to, the operation of linear extraction. The discission is made some three or four days previous to the extraction. This brings the substance of the lens in contact with the aqueous humor, which, saturating it, increases its volume, rendering it softer, thinner, and more favorable for removal from the eye. It is surprising how this method of linear extraction has grown in favor. It is only five years since Dixon, in his book, remarked, that "this operation has lately been revived in Germany, and re-imported into this country." "I have seen," he remarks further, "some lamentable instances of eyes lost after so-called linear extraction, which I have no doubt would have been saved, if treated by the same operators on the slower plan of solution *in situ*, or extraction by a large corneal wound." Yet, since this was written, the operation by linear extraction has become so popular as to supplant to a great extent the operation by discission, of which Dixon thought so favorably.

As regards the success of the operations for cataract as at present conducted, in hospital practice about eight cases out of ten terminate successfully. In private practice, the result is still more satisfactory. These remarks apply to extraction

only; in reclinature, not above one-half the cases are permanently cured.

Since the above was written, now nearly a year, linear extraction has grown rapidly in favor; so much so, indeed, that it now seems quite possible that it will eventually supersede the flap operation, even for the ordinary hard or senile cataract. By means of the spoonlike instruments to which I have already alluded, and which are now called, in English, tractors, the hard lens is removed without serious injury to the iris.

The patient is first thoroughly etherized. An iridectomy is then performed upward. This iridectomy sometimes precedes the operation for cataract a week or two, or is performed at the same time, according to the views of the operator. In no case of linear extraction of hard cataract, however, can it be omitted; for a removal of a certain portion of iris is necessary to the introduction of the tractor, for the necessary manipulations with it, as well as for the withdrawal of the hard lens nucleus, without irritating the tissue of the iris by rough contact. The capsule being now opened, the tractor is introduced carefully between the nucleus and posterior capsule of the lens, when the lense matter, being wholly within the slight concavity of the tractor, is withdrawn with the instrument from the eye.

This operation for cataract, like that of the flap operation of Jacobson, previously noticed, is open to the objection that it must be invariably preceded by an iridectomy. But in this instance, the upper segment of the iris being excised, the slight deformity is covered by the lid; so that, in a cosmetic point of view, as well as in relation to the sharpness of vision, this objection is rendered comparatively null.

Mr. Bowman, of London, says of this operation, "The average success has uniformly been higher than that of the flap operation in my hands." He says further, "The inestimable advantage is gained of absolute immunity from all the complicated annoyances and dangers of prolapse of the iris; so that the after-treatment becomes comparatively simple, and the recovery generally rapid and satisfactory. It has its own risks and liabilities, especially those attending the use of the tractor; but when its steps have all been well accomplished, which they

ought to be under chloroform, the patient has a much better prospect of passing safely and speedily through the healing process, and of recovering his sight, than if he had left the operating table with a perfect iris, but with a large flat wound and its attendant risks. The surgeon will be strongly impelled to the tractor operation in cases where a rapid recovery or an escape from tedious treatment, especially that for prolapse, is more than usually desirable; e.g., among the poor, in old and very weak or nervous persons, in those of an irritable habit, in inflammatory subjects, also in cases where the care of an experienced nurse cannot be procured; also in unmanageable patients, as lunatics, or the perverse, obstinate, or self-willed."

The obvious advantages claimed for this operation over the old one are, that the iris, being already excised at that part opposite the corneal wound, cannot of course prolapse, and, lying between its edges, prevent a perfect approximation, rendering the tedious suppurative process of healing inevitable; and that the wound of the cornea is much smaller, and therefore heals more readily.

Mr. Critchett of the London Ophthalmic Hospital, who has performed this operation very often, and with generally favorable results, remarks, nevertheless, as follows: "I feel that I ought in all candor to state, as the result of my experience, that iritis is more frequent after scoop extraction than when the old method is used; also, that the occurrence of false membrane with adhesions is by no means uncommon."

There remains one other operation to be considered, the latest of all the modifications in extraction; and yet a method by no means new, indeed, one of the oldest of all,—the method of removing the opaque lens by suction. This operation was practiced by the Persians, according to *Abulkasem*, as early as the eleventh century. A new method of extraction seven hundred years ago, it is the new method of to-day. Then they thrust a hollow needle through the cornea, and sucked the lens out of the eye. Now they do the same thing in almost precisely the same way. I have not seen the operation; but that it has been recently attempted by several operators in England, and successfully performed, is a matter of fact. The

instrument used is described as grooved, with a flat roof rendering it tubular; to the handle, which is hollow, is attached an elastic tube, at the extremity of which is a mouth-piece for the application of the suction force by the operator. The operation appears quite feasible, particularly in case of soft cataract. I have no doubt we shall hear more of this method soon. That it revolutionized the manner of extracting in the eleventh century is no reason why it should not do the same in the nineteenth.

CLINICAL EXPERIENCES IN RELATION TO THE DOSE.

BY HENRY B. CLARKE, M.D., NEW BEDFORD.

(Continued from page 105.)

Coffea.—My use of *Coff.* has been limited almost exclusively to cases of sleeplessness depending upon functional nervous disorder. I prefer in general the 3d dilution, though I have frequently used the 30th; and in one well-remembered case of a highly sensitive woman, long an invalid, the latter seemed more effective than the lower dilutions. Strong coffee I have found an excellent remedy for the nausea and prostration following the use of chloroform.

Cina.—I have used this medicine of the 200th, of the 30th, and of the low dilutions. It is only from the last that I have seen decided benefit. In the remittent fever of children, characterized by great irritability of temper, and attended with griping and looseness of the bowels, I place great reliance upon *Cina* from the 1st to the 3d. For symptoms caused by worms (particularly the lumbricoid variety) I give Santonine 1.

Cuprum.—Müller reports that he has had no success with *Cuprum* in either high or low dilutions. Holcombe, in "United-States Medical and Surgical Journal," vol. i. p. 163, extols it for cramps, and alludes to a successful use of the 3d for cramps in a case of Asiatic cholera. I have had but little experience

with Cuprum, and none which has inclined me to a high or low dilution; nor should I mention it here, except to corroborate Holcombe's experience, by the addition of a single case of choleroïd disease, wherein the cramps were very distressing, which was relieved by Cup. 3 in a really wonderful manner.

The patient in this case was a man of about forty-five years of age, a grocer; of nervous-bilious temperament, dark hair and eyes, sparingly built, of active habits; constitutionally subject to nervous headache.

In May, 1862, after working in a cellar where fruit and vegetables had been stored through the winter, he was taken in the morning with a painless diarrhœa, attended with unusual prostration. The stools had a look like thick gruel. At 10 A.M., he received Ars. 3. In the afternoon, a message was sent to me that he was worse, and that vomiting attended the discharges. Ipec. 3 was sent. In the evening, I was called in haste, and found the patient very prostrate, at times fainting; countenance sunken and livid, voice husky. He was suffering greatly from cramps in the legs. The stools had continued with increasing frequency, and occurred every ten or fifteen minutes. They were attended by violent retching and vomiting. There was intense thirst. I gave him a powder of Cup. Met. 3, containing about two grains. Small pieces of ice were given to allay the thirst. Cloths wet in hot water with mustard had already been applied to the legs, and these were continued. In about fifteen minutes after taking the powder, the cramps subsided, he fell asleep, and there was no return of vomiting or purging thereafter. It was with difficulty that I could persuade the friends of the patient that I had not given him an opiate, so immediate and complete was the relief. He recovered without any further medicine, save some China given on the following day for weakness.

Ferrum.—At the beginning of my practice, I prescribed *Ferrum Met.* at the 3d and upwards to the 30th, but never acquired any confidence in it: nor have I ever succeeded with small doses of any preparation of iron in chlorosis; but with the carbonate (Vallet's prescription), given at the rate of two to twelve grains daily, I have had most excellent and

reasonably uniform success. The plan which I have found to work well in these cases is to commence with a two-grain pill* at dinner. If after four or five days' continuance of this dose no improvement be apparent, another pill is added, and so on, at regular periods, until four or six pills are taken daily, or until the effect of the medicine is perceived. In cases requiring these larger numbers of pills, a part is given at breakfast. Whenever the action of the medicine becomes manifest, it is continued at the same dose until the strength and color of the patient is restored, when its use is as gradually discontinued.

In anæmias, particularly when attacked by diarrhœa or leucorrhœa, I have found the muriate tinct. of iron in the 1st to 3d sometimes very efficient. I have also used the 1st of this preparation very successfully in certain cases of diarrhœa, which, although not severe, were very persistent, and inclined to assume the chronic form. A case of this kind in a lady who had contracted the disease while travelling at the West, characterized by a rumbling in the bowels, particularly after taking food or drink, was, after considerable and wholly ineffectual treatment, completely cured by a single prescription of this medicine.

Hepar.—My experience with *Hepar* has been almost wholly with the 3d dec. trit. and has been generally so satisfactory that I have felt little inclined to try other preparations. My use of it has been mainly in croupous and skin affections, though, occasionally, I have given it with apparent good effect in phthisis pulmonalis.

Among my experiences with this medicine are two which serve, to a certain extent, to complement each other. One was the case of a man with the strength and physique of a Hercules, who came to me with a hoarse cough, attended by a sense of rawness in the throat. After giving him *Hepar* 3d ineffectually, I tried the 1st, with the apparent result of increasing his cough and causing him to raise bloody sputa.

* I must say that I have found the preparation of Garnier Lamoureaux & Cie., of Paris, sold in New York by F. A. Riechard, more reliable than any other.

Whether these symptoms were due to the medicine or not, my patient was unwilling to give me the benefit of a doubt concerning it; and greatly indignant at my admission that it possibly was so, and frightened with the idea that I had thrown him into a consumption, he transferred his case to another physician, and never more was patient of mine.

The other case was that of a ship's officer (first mate), who, after a long and unsuccessful whaling voyage, arrived home, in the spring of 1862, much depressed in health and spirits. He was of rather slender physique, nervous-bilious temperament, but had been strong and active. For several months before his arrival home, he had been troubled with a cough, had grown thin, and his strength had been failing. Soon after his arrival, he had an attack of pulmonary hemorrhage, brought on apparently by over-exertion. At this time he came under my care. An examination failed to disclose physical signs of pulmonary tubercle, yet the rational symptoms were too strongly marked to leave any doubt of the character of the disease. However, in the course of a few months, he recovered tolerable health, though his cough was not wholly relieved, and entered upon service in a small vessel in government employ on our Southern coast. On March 31, 1863, he returned home in a sad plight. Confined to small and ill-ventilated quarters on board his vessel, his cough had become very severe: he had suffered from frequent and profuse hemorrhages, had become weak and emaciated, and finally, after having tried one or two hospitals, had come home to die. He had hectic fever, with pulse at one hundred and twenty, coughing almost incessantly, raising at times, and particularly in the morning, masses of yellow matter. Occasionally every day a mouthful of blood would come, preceded by a tickling feeling in the chest, and having a warm, sweet taste. There was marked dulness at the upper part of the right lung, above and below the clavicle.

Under the use of Hamamelis, Ars. and Iod. Pot. with powders of Ipec. and Morph. combined, to allay the cough, the bleeding stopped, and there was considerable improvement in the general condition. On May 16th, however, when the cough

was getting worse, and was particularly troublesome on lying down, I gave Hepar 3. The improvement which followed was very striking. The cough was at once decidedly relieved, and gradually became reduced to an occasional hack: he gained rapidly in flesh and strength, the dulness in the chest diminished, and by the latter part of June, when I last prescribed for him (having given nothing but Hepar since 16th of May), he was looking very well, and declared himself to be in better health than he had been for years. Soon after, he once more shipped himself, this time into the revenue service. I have lately learned that he continued to enjoy good health until within some six months, when, after having been subjected to unfavorable conditions by bad quarters on board ship, the disease had again become developed, and that his recovery was despaired of.

CASE OF PULMONARY APOPLEXY, AND RUPTURE OF THE HEART.

Reported at a meeting of the Boston Academy of Homœopathic Medicine ; occurring in the practice of Levi Pierce, M.D., of Charlestown.

CONTRIBUTED BY THE SECRETARY, G. M. PEASE, M.D.

DURING the year 1840, Mrs. K. had pneumonia, and for sixteen years subsequently she had no trouble with the lungs. She was always subject to rheumatic pains; and in 1853 had a rheumatic fever. In 1856, had an attack of pleurisy, which the physician pronounced a severe one, a large amount of fluid being collected in the pleura of the left lung.

Two or three years afterward, she had a bilious fever; since which time she has not employed a physician. In the winter of 1865, she suffered from a severe cold affecting the bronchiæ, with hard cough. Was troubled for some months previous to her death with pains in the hands and arms.

On the 19th of March, she complained of pain in the right side of the chest, which troubled her most while going up stairs: this continued at intervals through the week.

Sunday she went to church; and after walking a little way the pain in the side was quite severe, but after sitting a short time it ceased. The same was the case on her return. In the afternoon, she again went to church, with a renewal of the pain, and on her return it grew much more severe. She complained of pains in the arms and hands. Mustard was applied to her feet, and the pains were eased, and she was quite comfortable until after retiring, when the pain was again severe.

Dr. Pierce was called at 4, A.M., and found her suffering, as she described it, "agony." He gave her aconite and bryonia, made hot and cold applications, but with little relief to the patient. At 8, A.M., he called again, and still again at 10 A.M.; the patient no better, but rather worse.

He dissolved morphia, gr. i, in eight spoonfuls of water, and gave her two spoonfuls; ordering another to be given in an hour, if she was not relieved of the pain.

At 1, P.M., he was called in great haste; but before he reached the house she was dead.

Ten minutes before she died, she walked across the room, and then lay down; but rose up again quickly, saying there was a change, and in a moment died.

An autopsy was held twenty-three hours after death, and the following was the result:—

Unusual rigidity of body. Complete ossification of cartilages of fifth ribs (on both sides). Extensive adhesions of costal and pulmonary pleuræ. The diaphragmatic and pulmonary pleuræ *firmly* adherent,—so firmly that the lungs were torn in separation.

Large coagulum in pericardial cavity, weighing at least twelve ounces. Rupture one and a half inches in length in left ventricle, anterior surface, and near ventricular septum. Extravasation of blood in both lungs, most marked in lower lobe of right lung, and least in upper lobe of left. Ossification of sides of aorta, behind the valves.

The New-England Medical Gazette.

BOSTON, AUGUST 15, 1866.

THE BOSTON MEDICAL REGISTER is the title of a compilation which we notice simply for the purpose of warning homœopathic physicians against its character. According to the preface, "It is intended to contain an account of every medical institution in the city and suburbs of Boston, and the residence and office-hours of all duly qualified practitioners of medicine," etc. As no homœopathic medical societies have been honored by a place in the book, we infer that, in the opinion of "those gentlemen who have kindly assisted" the editor, that such societies are not "medical;" and, as the office-hours and residence of homœopathic physicians are carefully omitted, we are made painfully conscious that homœopathic physicians are not "duly qualified practitioners." To be allopathic is to be "medical," and to be allopathic is to be "duly qualified." We are sorry that the compiler, who, we are informed, is both sensible and liberal, should have permitted those myopic individuals who so "kindly assisted him" to influence him so unwisely. Meanwhile, we caution those homœopathists who have bought the book, under the supposition that the titlepage was truthful, against the purchase of any future edition of this sort. If the editor would make his enterprise successful another year, let him shake off the myopes, and act for himself. This year they have made a cat's-paw of him, and not a solitary chestnut falls to his share.

AMERICAN INSTITUTE OF HOMŒOPATHY.

WE reprint in this number of the Gazette a circular of instructions in regard to cholera, emanating from the Bureau of Clinical Medicine of the American Institute of Homœopathy, and designed for general circulation. This is a very commendable effort on the part of the American Institute. That the public desires simple and ex-

plicit printed directions of this sort is apparent from the eagerness with which it seizes upon the numberless pamphlets and circulars issued by individual physicians for private distribution. There is no association from which such a circular could more properly come; and we hail this as an omen, that the Institute is disposed to foster the interests of the profession, and, instead of merely holding annually one meeting of comparatively little scientific worth, it will, by the constant working of its various bureaus, give to the profession something of real value.

HOMŒOPATHIC MEDICAL SOCIETY OF VERMONT.

THIS Society held its twelfth annual meeting at the State House, Montpelier, on Wednesday and Thursday, June 6th and 7th, 1866, President G. E. E. Sparhawk in the chair. Minutes of last meeting read and approved, after which the Society listened to a very neat extemporaneous congratulatory address from the President.

Drs. A. V. Marshall, A. E. Dodge, E. H. Packer, J. Q. A. Packer, and Henry Sparhawk asked to become members of the Society, and were duly elected. Adjourned till 2 o'clock, P.M.

At 2 o'clock, P.M., met according to adjournment, when reports of committees were called for. Cholera Morbus.—Dr. J. H. Jones reported several cases treated; remedies, ars. and veratrum albs. Diphtheria.—Dr. M. G. Houghton reported a case of malignant diphtheria successfully treated with lachesis 200; Dr. Sparhawk report. having recently witnessed a severe epidemic of this disease, and the treatment of many cases with varying success; had relied mostly upon bell. and nitric acid 2 in first and second stages; and, for subsequent paralysis, ars. 30. Drs. Horton, Jones, Chamberlin, Ruggles, and Van Deusen discussed the treatment of this disease at some length. Committee on uterine diseases made verbal report: Dr. Brigham narrated an interesting case of ulcerated os-uteri, complicated with ovaritis; remedies used, merc. cor. 3 and bell. 3, with local use of merc. cor. 1 in solution. Adjourned for refreshment.

Met at 7 o'clock, P.M., and resumed the subject of uterine diseases: Drs. Parkhurst and Dodge had usually made a local application of argent nit., in connection with general medication. This practice was objected to by Drs. Houghton, Hunter, and Scott, as unnecessary, inasmuch as a cure can be effected by proper medication *alone*, and, unless the argent nit. is *homœopathic* to the case, the disease is *not cured*, but repressed. Dr. Sparhawk had *cured* a case of prolapsus uteri by use of plat. 30.

Committee on Small Pox was absent: several cases were reported by Dr. M. L. Scott; remedies, stib. and rhus tox., each 200.

Committee on Pneumonia, absent. Dr. Brigham recommended the use of bromide of ammonium in the advanced stage of the disease ; had rescued several apparently moribund cases with this remedy. On Intermittent Fever. — Dr. Hunter read several detailed reports of cases treated by him, clearly presenting the necessity of considering the characteristic symptoms of each individual case in making a prescription, rather than to follow the too-frequent practice of depending on china and ars. to meet all forms and stages of the disease. Typhoid Fever. — Dr. Horton recommends verat. vir. in first and second stage ; in third stage, if there is tendency to hemorrhage, baptisia. To control the tendency to diarrhoea, sulp. ac. Adjourned till 8 o'clock, A.M., 7th inst.

Met at 8 o'clock, A.M., President Sparhawk in the chair. Appropriate resolutions were passed on the death of R. C. Greene, M.D. and C.-R. Taylor, M.D., both of whom were members of the Society. The following resolution was unanimously passed : Resolved, that this Society tenders to the "N. E. Gazette Association" its hearty co-operation in their enterprise, and desires its complete success. Resolved, that we will sustain the Gazette, both by our subscriptions and by our contributions.

The following committees were appointed for the ensuing year : Dysentery. — Drs. Chamberlin and Ruggles. On Publications and Society Library. — Drs. M. L. Scott, J. H. Jones, and G. N. Brigham. On High Potencies and Characteristic Indications. — Drs. Houghton, Hunter, and C. W. Scott. Epidemics. — Drs. C. B. Currier and A. E. Horton. Provings. — Drs. Dodge, Parkhurst, and Jones. Alternate and Proximate Remedies. — Drs. Brigham and Houghton. Pulmonary Diseases. — Drs. N. H. Thomas and Chamberlin.

The officers elected for the ensuing year are : President, G. E. E. Sparhawk, M.D., Gaysville ; Vice-President, C. W. Scott, M.D., Lyndon ; Recording Secretary, M. L. Scott, M.D., Bradford ; Corresponding Secretary, M. G. Houghton, M.D., St. Johnsbury ; Treasurer, H. M. Hunter, M.D., St. Johnsbury ; Auditor, C. H. Chamberlin, M.D., Barre.

The attendance was unusually large, and the session harmonious and profitable. Adjourned at 2 o'clock, P.M., to meet at Montpelier in June, 1867.

M. L. SCOTT, Secretary.

A Treatise on the Principles and Practice of Medicine, designed for the Use of Practitioners and Students of Medicine. By AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine in the Bellevue-Hospital Medical College, &c. Philadelphia : Henry C. Lee. Royal 8vo, Sheep. pp. 867.

WE have received the above work from the publisher, through the house of E. P. Dutton & Co., of this city, who

have it for sale. It is not an easy task to discreetly condense the science of medicine into a volume of this size, and Professor Flint is to be congratulated on his success in this respect. The author has not followed the example of some distinguished writers whom we could mention, who, regardless alike of the patience of their readers and the size of their book, give undue prominence and dwell at needless length upon favorite topics, simply with the aim to air their eloquence and learning. The therapeutics of the author are not our therapeutics; but of their kind they are in the main rational, liberal, and progressive. The following paragraphs taken from page 106, under the head of General Therapeutics, will give a fair idea of the good sense as well as of the good style of the author:—

“The intrinsic tendency of a disease towards recovery or otherwise is to be considered with reference to the value of therapeutical measures. Knowledge of the natural history of diseases is important as the true point of departure for therapeutics. Much has been acquired of late years in this branch of knowledge; but much yet remains to be acquired. Diseases which were formerly supposed to tend to a fatal result if not treated by means of active remedies, are now known to end generally in recovery if let alone. Examples are acute pleuritis and simple pneumonitis. The importance of increasing our knowledge of the natural history of diseases, by collecting cases which have pursued their course without active treatment, is to be kept in mind by those desirous of contributing to the advancement of the science; and opportunities of accumulating such cases should not be neglected, always provided that the welfare of the patient be not compromised by withholding measures which we have good grounds for believing useful.

“It may be laid down as a golden rule in therapeutics, that active measures are only to be employed in cases in which they seem to the physician to be clearly indicated. The severity of the disease and the danger of the patient, be they ever so great, do not alone constitute grounds for the employment of active measures. If they are not useful, they will be likely to do harm. Therapeutical measures in proportion to their power are powerful for either good or harm, and must therefore be either indicated or contra-indicated. In the language of another, the physician ‘should be content with doing nothing, when ignorant how to do good.’”

We quote as a farther specimen of the author’s forcible and concise style the remarks, page 723, entitled Non-identity of Typhus and Typhoid Fevers:—

"Discussions of the reasons for considering typhus and typhoid fever as distinct diseases is less called for now than heretofore, because at the present time very few hold to the opinion that they are identical. It will suffice to state the more important of the facts on which the doctrine of their identity is based.

1. Typhoid fever is characterized by peculiar and remarkable abdominal lesions, which are not found in cases of typhus. The difference between a fever with and a fever without these lesions is hardly less striking than the difference between a fever with and a fever without the cutaneous lesions, that is the eruption, characteristic of small pox. The abdominal lesions of typhoid fever are of so special a character as in themselves to constitute a valid claim for the individuality of the disease.

2. The events of the clinical history in the two diseases show points of contrast which denote the distinct individuality of each disease. The more striking of these points of contrast relate to the abdominal symptoms and the eruption. The characters of the eruption alone suffice to show that the diseases are not identical. The eruption in each disease belongs to a different class; viz., in typhoid to the *papulæ*, and in typhus to the *maculæ*. The difference is nearly as great as between the eruption of rubeola and that of scarlatina; and it is worthy of note, that the two diseases just named have been considered as identical within the past century.

3. There is reason to believe that typhus and typhoid fever have each its own special cause or causes, that is, a cause or causes which will not produce the other disease. Jenner traced the origin of cases received into the London Fever Hospital during two successive years (1848, 1849), in order to determine whether two or more cases coming from the same habitation afforded examples of the same kind of fever or of different fevers. Forty-four localities, in 1848, furnished 101 cases of typhus, and one only of these houses furnished a case of typhoid fever. Eighteen localities, in 1849, furnished 51 cases of typhus, and none of these houses furnished a case of typhoid fever. During three years, nine localities furnished 19 cases of typhoid fever, and these houses furnished only one case of typhus. Similar investigations, pursued by Murchison, Gairdner, Peacock, Wilkes, and others, have led to similar results, showing that the two fevers have no community of origin.

4. Neither typhus nor typhoid fever, as a rule, is experienced twice, but neither exempts from the other. Patients admitted with typhoid fever into hospital fever-wards containing cases of typhus are liable to contract the latter, and pass successively through both diseases. Several examples of this kind have come under my observation.

5. Certain laws with respect to causation go to show their non-identity. Typhus is chiefly diffused by contagion, typhoid is rarely communicated. Typhoid fever is indigenous in many regions where typhus is very rarely, if ever, generated. After fifty years of age, the susceptibility to the typhoid poison is almost *nil*, whereas typhus is often contracted after this age. Typhus prevails as an epidemic, but typhoid is usually an endemic disease."

New-York Homœopathic Medical College. Seventh Annual Announcement.

Homœopathic Medical College of Pennsylvania. Nineteenth Annual Announcement.

WE have no space, at present, for comments on the above announcements. We merely remark that the name of William Cullen Bryant as president of the Corporation of the first of these institutions, and that of Constantine Hering as the head of the Faculty of the second, are very gratifying indications of the respectable standing of our school of medicine in these two great States.

The Homœopathic Expositor. Milwaukee, July 1, 1866. Vol. I. No. 1.

THE above is the initial number of a monthly published by the homœopathic physicians of Milwaukee. It is intended for general distribution, for the purpose of spreading homœopathic statistics, and for the dissemination of homœopathic principles among the people.

WE beg to call attention to the communication in this number entitled "Homœopathy and the Board of Health."

INSTRUCTIONS IN REGARD TO CHOLERA.

Prepared by direction of the American Institute of Homœopathy.

"Resolved, That the Bureau of Clinical Medicine be instructed to prepare a concise circular, with directions, for general circulation, in relation to the subject of Cholera; and that the General Secretary be directed to furnish twenty copies to each member of the Institute."

The following suggestions in reference to the prevention and treatment of Asiatic Cholera have been prepared in compliance with the above resolution; and it is hoped will be found to comprise, in brief, whatever is most necessary for the instruction and protection of the public, according to the most recent and approved experience.

HYGIENIC MEASURES.

Whatever opinion may be entertained as to the cause of cholera or the mode of its propagation (and on those points physicians are still much divided), it is certain that foul and confined air, putrid and decaying vegetable and animal deposits, and damp, crowded, and ill-ventilated apartments, offer the greatest encouragement to its development, and increase its virulence. Consequently, cleanliness of towns, dwellings, and persons, is of the first importance; and would, if fully accomplished, be more effectual than any quarantine arrangements in preventing its invasion. Free access of air and sunlight to our dwellings, the removal of offensive rubbish-heaps, the cleaning-out of obstructed drains and sewers, and the judicious use of disinfectants in sinks and water-closets, will go far to secure immunity, not only from cholera, but various other pestilential diseases, and are far better than running away from danger or duty.

Next to cleanliness, the regulation of personal habits as to diet, clothing, exercise, &c., deserves attention. Too great strictness in regard to food need not, however, be insisted on. As to quantity, it is well to use a liberal moderation, avoiding equally abstemiousness and excess. Wholesome meats, and most vegetables in their season, if perfectly fresh, may be eaten as usual. Raw and wilted vegetables, boiled cabbage, rhubarb, pickles, salads, &c., should be avoided. Perfectly ripe fresh fruit, of most kinds, may be eaten freely. Fresh fish, unless *very* fresh indeed, should be discarded. Lobster, mussels, and oysters out of season, are also objectionable. Those who live with ordinary prudence and regularity need make no great change in their habits; and even those who habitually indulge in dietary excesses should not adopt a better course with too great suddenness. Those who are unaccustomed to stimulants should not choose this time to begin. It is a too-prevalent error that they fortify the system against the cholera. On the contrary, their influence is altogether the other way.

The clothing should be suitable to the season. Changes of clothing, especially from thick to thin, should be made with caution. A band of flannel covering the abdomen may be worn with benefit by persons predisposed to bowel complaints.

Regular exercise in the open air is very important, but should not be carried to excess. All exhausting labor, great bodily fatigue, or exposure to heat or to night air, ought to be avoided as far as possible. Avoid, also, too rapid cooling after exercise, and the incautious use of ice-water. Bathing is useful; but, like other things, may be carried to excess, and increase debility. Regularity in the hours of eating, sleeping, exercise, &c., at all times promotive of health, is especially important during the prevalence of the epidemic. Not less desirable is it to preserve a calm and composed frame of mind, avoiding over-anxiety, and all kinds of mental perturbation.

As attention to the foregoing injunctions will conduce to the preservation of health generally, they will not be thrown away, though the cholera should, happily, fail to gain a foothold in the community. Those who adhere to them will have little occasion for any of the popular *preventives* and *specifics* so ostentatiously advertised and officiously recommended, the most of them being inappropriate and many positively injurious. All the advantage that can be hoped for from the use of any of them may be secured with more certainty and safety by simpler means.

PREVENTIVE TREATMENT.

While the approach of the disease is only apprehended, it is not necessary to resort to other preventive measures than the hygienic rules already suggested. But it may promote confidence and security to indicate what further means may be adopted in the event of its appearance in the neighborhood.

Several medicines have been recommended and employed by homœopathic physicians on account of their evident prophylactic powers against the cholera. The choice among them will depend much upon the phase which the epidemic may assume; but none have proved more generally successful, when properly used, than *camphor*. The efficacy of this drug, both as a preventive and as a remedy, has been acknowledged by thousands in and out of the profession, and in all parts of the world where the disease has appeared. Many of the preparations sold in the shops owe such virtues as they possess mainly to the camphor they contain. Those who are necessarily exposed to the cholera atmosphere, and would use every precaution, will do well to take one or two drops of the ordinary tincture of camphor on a bit of loaf sugar once or twice a day.

DOMESTIC TREATMENT.

As to the treatment of the disease in case of an actual attack, no instructions, however minute, can take the place of prompt and efficient professional attendance. Whatever inferences may be drawn by the inexperienced from confident expressions as to its easy curability, found in many of the popular publications

of the day, it cannot be too strongly insisted on, that it is really a disease of a most formidable character, which requires the early application of vigorous and skilful treatment.

No person is justified in assuming the responsibility of prescribing when proper medical services can be procured. Sometimes, however, it is difficult or impossible to obtain, with sufficient promptness, the needful attendance; and, to obviate as far as possible the dangers of delay, it is desirable that plain and explicit instructions should be given as to the course to be pursued in such an emergency.

During the prevalence of the epidemic, every disturbance of the stomach or bowels should be attended to without delay. An attack of cholera is often ushered in with a painless diarrhoea (with or without nausea and vomiting), which becomes more thin, profuse, and light-colored as it proceeds. The more free it is from pain or distress, the greater the necessity for immediate attention. In every such case, it would increase the chances of its passing off harmlessly, if the patient, instead of keeping about his business, would rest completely, and even assume a recumbent posture. The remedies most frequently recommended for these symptoms are *veratrum album* and *phosphoric acid*. In the majority of cases of simple diarrhoea, a few doses of either of these remedies will effect a cure. *Veratrum* is most appropriate when the diarrhoea is accompanied with some pain or uneasiness. If the evacuations are quite painless, and light-colored, almost white, *phosphoric acid* should have the preference. If there is nausea or vomiting, *ippecacuanha* may be given alone, or in alternation with either of these medicines. The medicine may be administered, in ordinary cases, once in two or three hours; but if the passages are frequent, it may be required much oftener, — every hour, or two or three times an hour, according to the symptoms.

The patient should get out of bed as little as possible. The discharges should be immediately removed from the room, and the vessel and sink freely charged with disinfectants. He should be kept quiet, and all bustle and excitement should be prevented. As the symptoms abate, the medication may be gradually discontinued; but care should be taken to avoid too early a return to the usual habits.

If from neglect of the early stage, or any other cause, the case assumes a more urgent character, — purging and vomiting freely, the discharges like rice-water, great weakness, coldness of the skin, feeble pulse, sinking at the stomach, and tendency to cramps in the limbs, — *camphor* must be substituted for the preceding remedies; and the dose should be repeated every twenty, fifteen, ten, or even every five minutes, till signs of favorable re-action appear. The same treatment is equally appropriate during the stage of collapse, which is characterized by utter prostration; clammy coldness of the skin, which is blue and shrunken; the nose pointed, the features sunken, and the pulse almost, or quite, imperceptible. The remedy should be persisted in, and administered at short intervals, till there is a change for the better, — which may not be till after several hours, — or till a physician arrives.

In certain modifications of the disease, other remedies may be required; but their application must be, for the most part, left to the direction of the medical attendant. Multiplicity of detail would tend to confuse and defeat the object of this paper. It may be as well to add, however, that, in cases accompanied by intense thirst and a sense of interior heat, while the skin is deadly cold, the proper remedy is *arsenicum*. A few doses of *cuprum metallicum* will often relieve the violent and painful cramps that greatly increase the sufferings of the patient in many cases. In cases of collapse, where *camphor* and *veratrum* have failed, *carbo vegetabilis* and *arsenicum*, either separately or in alternation, a dose every five, ten, or twenty minutes, will sometimes bring on a re-action, and save the patient.

If the patient be thirsty, he may be allowed cold water in moderation, a little and often, or small pieces of ice, which are often very grateful, and especially useful if the water drank is immediately thrown up again.

Consult his feelings as to temperature. It is useless to attempt to warm him by blankets, hot bottles, &c., which generally add to his discomfort without doing any good. When the external coldness is greatest, the patient often complains most of burning heat, and has a craving for cool air and the least covering.

As to the strength of remedies and size of doses, it is, of course, impossible to establish a fixed standard applicable to all cases. The remedies above named, when supplied by physicians or homœopathic pharmacists, are generally accompanied with some indications of their strength and ordinary dose. When that is not the case, it will be safe to give, of the dilutions usually employed, one or two drops for a dose, if a liquid, or one or two grains, if in powder, for an adult. The tinctures and strong preparations should only be used under the express directions of a physician.

H. D. PAINE, M.D.
 D. H. BECKWITH, M.D.
 R. LUDLAM, M.D.
 E. C. WITHERILL, M.D.
 S. M. CATE, M.D. } *Bureau of Clinical Medicine.*

HOMœOPATHY AND THE BOARD OF HEALTH.

To the Editor of the "New-England Medical Gazette."

ON behalf of the homœopathic physicians of New York and Brooklyn, we desire to make public, through your columns, a statement of our efforts to obtain admission for our mode of practice into the cholera hospitals which might be established by the Metropolitan Board of Health, in view of a threatening epidemic. And this we do, not only as a matter of medical history, but also as an act of self-defence, inasmuch as a report has been of late circulated, in some quarters, that we have had a fair offer made us which we dared not accept. A brief investigation of the manner and terms of this so-called offer will show that it was not fair, but the very contrary. Indeed, from the nature of these terms, it must have been known beforehand, that we neither could nor would accept them. Yet we must give the medical members of the Board of Health, who compose the Sanitary Committee, the credit for having recognized our right to make a claim for admission; for this recognition, though barren of any practical result, called down upon them the righteous indignation of the New York Academy of Medicine, that "power behind the throne," which prevents its members from granting as physicians, rights which, as citizens and legislators, they would concede.

On the 27th of April, 1866, we addressed a letter to the Metropolitan Board of Health, offering "to furnish reputable and qualified physicians to apply the homœopathic treatment to cholera patients," and asking that "one hospital and district in each county of the Metropolitan District may be assigned to such physicians as may be nominated to the Board of Health for that purpose by the Homœopathic Medical Society of the respective counties; this hospital to be under the sole charge and direction of said homœopathic physicians, subject only to the supreme control of the Board of Health, and open at all times to the visits of Inspectors appointed by the Board, and of the public, in so far as the Board may permit."

To this, the only response received was through the public prints, which stated that the Committee of the Board of Health had reported in favor of granting us parts of two down-town hospitals.

On the 9th of May, we addressed another communication to the Board, stating the impracticability of homœopathic physicians practising in allopathic hospitals, and repeating our request for a separate building.

As far as could be learned from the newspaper reports (for no direct answer was vouchsafed us), this memorial was simply ordered on file.

On the 5th of June, we once more addressed the Board, showing that, in the

"General Plan of Operations" submitted by Dr. Stephen Smith, Chief of Hospitals, as published in the papers of June 2d, we could see no reason why one of the six districts, into which he proposed to divide the city, should not be assigned to homœopathic physicians, to be by them managed and controlled in accordance with said "General Plan."

To this also we received no reply.

On the 15th of June, a letter was sent by us to the Board of Health, stating that we had addressed several communications to them at different times during the past two months, and asking whether it was their intention to favor us with a direct reply, or whether we might consider the newspaper reports of the doings of the Board as sufficient answer.

The Chairman of the Sanitary Committee, Dr. Stone, to whom this and all other previous communications of ours had been referred, did not vouchsafe us even then a written reply, although repeatedly urged to do so by some of the non-medical members of the Board, who had no fear of the New-York Academy of Medicine before their eyes.

We were, therefore, denied the courtesy of a definite response; and, although we had seen in the public prints that portions of two hospitals were recommended to be assigned to us, we were left completely in ignorance of the terms and requisite details of such arrangement. It was deemed best, consequently, to seek a personal interview with the Sanitary Committee; for in no other way did it seem possible to arrive at any understanding of what we were expected to do, or how we were to do it. Accordingly, one of our committee sought out Dr. Stone, Chairman of the Sanitary Committee, and in a long conversation on the subject elicited the following details of the proposed plan of operations:—

That homœopathic physicians would be allowed to join in treating cholera patients, but could not be the choosers of the manner in which such treatment is to be conducted; that no change could or would be made in the organization already existing, but that we might come in under the same rules and regulations as other medical assistants; that an offer of part of the Five Points and Battery Hospitals had already been made to us through the medium of the public press; that we would have assigned to us, in certain wards in these hospitals, every alternate bed for the exhibition of our treatment, which beds would be filled in rotation by incoming sick. That a full and minute record should be kept in the hospital books of the condition of the patient at the time of his reception and during the progress of his disease, which record should be always open for the inspection of any of the other attending physicians, who would also have the right to place upon the record any correction or criticism which the case might suggest. This privilege to be common to all the physicians of the hospital, in order to insure accuracy of detail and of diagnosis, but not to extend to any criticism upon the treatment. That all prescriptions must be written out in full, giving the dose and strength of the remedy, — which prescriptions must be filled up by the apothecary, who would be supplied with all drugs and preparations which any physician might order or suggest. But no medicines to be administered from pocket-cases, or in any other way than by means of a written prescription and the regular apothecary.

Dr. Stone also stated that this matter had been discussed in full by the Sanitary Committee, and that no exceptions could be made to these rules, and that all physicians would be compelled to observe them in the cholera hospitals; and that no distinctive practice would be allowed for a moment in a separate hospital. On this last point the Sanitary Committee had fully resolved, and were immovable.

His reasons why such a separate hospital for the exhibition of homœopathic treatment could not be granted us were briefly these:—

First, because homœopathic physicians, as a class, were not so well educated and trained in the laws of diagnosis and pathology, and, therefore, needed close watching and supervision, lest they should, through ignorance or otherwise, make false returns, and, for instance, report cases as cured of cholera which never had been cholera.

And, second, because many of our number were in the habit of prescribing drugs and doses non-homœopathic; and any good results accruing therefrom would thus be falsely credited to homœopathy.

To all which we answered, that no physician of our school possessed of any self-respect could for a moment accept an offer which impugns our integrity and our intelligence at the very outset; that we had repeatedly proposed to take charge of a separate hospital, to be open at all hours of the day and night for the inspection of our records, of our patients, and our treatment, by any person appointed by the Board of Health. That our proposal was not only perfectly fair, but free from all the objections and complications sure to arise in the practical workings of a plan which had been tried repeatedly in European cities, and had always speedily failed, by reason of the jealousies and interferences, and charges of unfairness, which seem inevitable when the competitors are brought into personal contact.

Such are the details of the offer of the Sanitary Committee of the Board of Health, as enunciated by its chairman. Though it is plausible in some points, its spirit and intent are obvious. It cannot be entertained by us for a moment, because it denies our honesty and intelligence; and, while it is hedged about with rules and restrictions to prevent us from deceiving, it fails to provide like safeguards against our being deceived. Why should we trust those who plainly say they cannot and will not trust us? What security have we, for instance, against partiality in the distribution of patients to the various beds; or against our medicines being tampered with; or against our patients being demoralized by insinuations that they are the unhappy victims of experimentation; or against a thousand other annoyances which can so easily be inflicted by careless or malicious subordinates, to say nothing of the possibility that we might be associated with physicians of the same stamp, perchance, as that Inspector up-town, who not long ago was summoned to a reported case of cholera, and, on entering the house, cursed the homœopathic physician as a humbug and knave, and kicked over the medicine standing by the bedside of the patient!

If fair play should be guaranteed to either party, surely it ought to be to the minority, who are compelled to work in subordination, and to trust all the general management to the honor and justice of the majority.

The experience of our European brethren will prove a useful guide. For instance, when the cholera ravaged Marseilles, in France, in the year 1848, Dr. Charge, a homœopath, was so very successful in its treatment, that he was decorated with the Cross of the Legion of Honor; and, on the recurrence of the epidemic in 1854, was requested by the authorities to take charge of two wards in the public hospital. He did so; but in a few days resigned his appointment, and made a public statement of his reasons for so doing. Not only was there a great lack of flannels, clothing, and other necessaries which had been promised him in abundance, but one attendant only was allowed him, who fell sick on the first day, and was not replaced; so that the homœopathic physicians themselves had to perform all the drudgery belonging to the nurses in addition to their medical duties. Nor was this all. The worst cases only, many of them moribund at the time, were placed in his beds; so that his rates of mortality were enormously and most unfairly increased, and in self-defence he was speedily compelled to resign. Twenty-one out of twenty-six cases died; not every one, as was publicly stated by Dr. Stone at a meeting of the Health Board,—for we take it for granted it was to this Marseilles experiment he referred, when he spoke so disparagingly of the “trial at Naples.”

This “trial at Naples” took place as long ago as 1829, and not during a cholera epidemic, but in the general hospital. It was made by the express order of the king, when the success of homœopathy was first carrying confusion into the ranks of the old school. It was conducted in as impartial a manner as could be devised, the most vigorous rules being imposed on both parties to prevent the possibility of deception, or complaints of unfairness. One of the regulations required that both parties should agree upon the admission of every patient, and that “patients afflicted with diseases which allopathists consider incurable

should be admitted by preference." A detail of the trial, and of all the reports which were set afloat in Naples during its continuance of one hundred fifty-five days, we need not here recount. Several attempts were made by the old-school physicians to break up the trial, but failed. At its close, the official report, published from the books by order of the king, showed, that out of sixty-eight patients under homœopathic treatment, fifty-two were cured, six were convalescent, and two had died. A state paper was then issued by the government, censuring in very severe terms the false reports and statements made by the old-school physicians, and decreeing that "henceforth physicians should be free to follow any method of treatment they might choose." Nor was this all: Drs. Marchessani and Alessi, two of the old-school physicians appointed to watch this trial, were by it converted to homœopathy; as was also Dr. Des Guidi, who was a witness of the treatment.

This is an old story, but one which the Sanitary Committee seem to have forgotten. But now we stand on different ground: we claim our share of the public hospitals, not as a favor, or as a test of the merits of our system, but as a right. Our success is an established fact; our practitioners in New-York City and suburbs are numbered by hundreds, and are rapidly increasing; and our clientage comprises nearly one-half of the entire wealth and intelligence of this metropolis. We maintain that the Sanitary Committee of the Board of Health can in no way be justified in allowing their professional prejudices to shut us out of all participation in the public hospitals. We demand, as a right, that so large a portion of our tax-payers should be fairly represented in our medical institutions. We have passed through an ordeal lasting nearly half a century, and, in spite of all prejudices and every form of ridicule and opposition, have steadily increased in popular estimation; have founded and supported, by individual enterprise, colleges, hospitals, and dispensaries; and have even materially modified and improved the old-school practice itself. In no disease has the value of our treatment been more satisfactorily shown than in epidemic cholera, the statistics of which have been frequently published. We court a fair trial of our treatment, and are willing to stand or fall by the practical result. But we cannot, in all proper self-respect, take positions under a committee which arrogates to its school all the science and honesty of the profession, and leaves us none. They deny our powers of diagnosis in cholera; and yet this very last spring a dispute arose between some of their most eminent men, members of this very Sanitary Committee included, as to whether certain deaths on Ward's Island last fall were produced by cholera or Bright's disease (see the conflicting newspaper articles by Drs. Post, Cram, Parker, Guleke and Sayre). Which of these two parties, then, shall watch us, to correct our diagnosis?

Again, this Sanitary Committee insist upon having us under strict surveillance, lest we should cure our patients with medicines non-homœopathic, or, perchance, even with their own drugs. Certainly, they could not fear that we would attempt to beat them at their own weapons, to cure more by their own method than they could themselves. Who made them judges, more than we, of what is homœopathic and what is not? As long as we could show them a better and more certain way, why should they hesitate to try it, even if it were not, in their estimation, purely homœopathic. As to education, we yield not one whit. We claim to have superadded a practical knowledge of homœopathic therapeutics to the ordinary course of medical study. For the great bulk of our practitioners are graduates of allopathic colleges, and therefore not altogether uninformed in diagnosis and the science of medicine. At any rate, they themselves have indorsed our credentials, and recommended us to the public as competent and trustworthy physicians.

In a word, we claim for ourselves equal intelligence, education, honesty of purpose, and sincerity of conviction. All we ask is a fair field for the exhibition of our method of cure, and no favor. We can only repeat our offer, already thrice made, to take charge of a hospital in any epidemic that may occur; said hospital to be under our own administration and management, subject only to the supreme control of the Board of Health; and to be open at all hours for in-

spection of its records, its prescriptions, or its patients, by any persons duly appointed for that purpose. From a fair competition we shrink not, but seek it in all sincerity; and by its results are content to abide.

B. F. BOWERS, CARROLL DUNHAM, E. M. KELLOGG, HENRY M. SMITH, T. F. ALLEN,	Special Committee on Cholera, of the New York Co. Homœopathic Medical Society.
A. COOKE HULL, P. P. WELLS, S. CULLEN HANFORD, ALBERT WRIGHT, E. T. RICHARDSON,	
A. COOKE HULL, P. P. WELLS, S. CULLEN HANFORD, ALBERT WRIGHT, E. T. RICHARDSON,	Special Committee on Cholera, of the Kings Co. Homœopathic Medical Society.

NEW YORK, July, 1866.

PROVING OF CANNABIS INDICA.

BY G. M. PEASE, M.D., OF BOSTON.

AT 8, P.M., took six grains of "Herring's Alcoholic Extract of Cannabis Indica." At 9, P.M., went to bed feeling as well as usual. At precisely 12, P.M., awoke suddenly and fully. The room was dark, still the location of every article about me seemed perfectly plain: I could read the titles of books upon a table twelve or fifteen feet off. Although the urine had been voided on retiring, a great desire was felt to pass more, which I essayed to do; but I could scarcely retain it until the vessel could be got ready. The length of time occupied in urinating seemed days instead of seconds. As much was passed as is usually collected during the whole night. As soon as I had accomplished this feat, for it seemed indeed a great undertaking, the clairvoyant-like vision left me, and I felt unable to raise my hands, the feeling being as if a weight was upon the fore-arm. The head felt light, mind remarkably active, and yet apparently sluggish. Had a feeling of duality. One of my minds would be thinking of something, while the other would laugh at it; a quick transition of the ideas of one mind to the other. I laughed at the idea of laughing, and could not control myself.

I closed my eyes, and tried to think of something solemn. Suddenly I felt as if I were a marble statue; I had no ability to move, and a chill ran over me. By a great exertion, I moved my hand and felt of my face: it felt hard, there was no sensation in the face, but to the hand it felt stony. I made an effort to throw it off by getting out of bed, and by a determined will I looked at my watch: it was ten minutes past twelve. I lay down almost in despair: only ten minutes had elapsed, and I thought days, or at least hours, had gone by. My pulse began to throb heavily, and my head to be dizzy. I sprang from my bed like a maniac, and struck a light, took my watch, and began to count my pulse, just one beat at each second; but, when the minute had elapsed, I could not remember how many I had counted. I again went to bed, and fell asleep. In the morning my eyes were swollen and inflamed, pupils contracted, head dizzy. A cup of strong coffee relieved the dizziness. During the day was occasionally absent-minded and dreamy, but otherwise was as well as usual.

At another time, 9, A.M., I took ten grains of the same Extract, and in exactly four hours I felt the characteristic *thrill* produced by the drug. This time I took more particular notice of the results, and also had the assistance of others to note my actions. The same apparent clairvoyance was present; that is, I saw, or fancied I saw, articles in another room, but the sensation was of short duration. The symptoms already described were present. As I attempted to walk,

my feet felt heavy; my hands were with difficulty raised, as the fore-arm felt as if kept down by weights. A slight dry cough troubled me. I had a great craving for water, but a single swallow passing down the throat gave the sensation as of holding my mouth under a cataract; a spasm came upon me with a sensation of fear or dread, but this was only for an instant. My mouth was dry and frothy. The cough became harder, but still dry, almost like a bark.

I had a discharge from the bowels about an hour after feeling the "thrill" spoken of, and in half an hour had another. They were thin, yellow, and painless. The diarrhoea increased, a heat pervaded the abdomen internally, and frequent discharges of this kind followed, but entirely without pain.

Frequent trials were made with the drug, each time increasing the dose until the last, when fifty-six grains were taken. The same general symptoms were present each time, except that the last dose did not seem to have any effect.

A large number of my friends (about thirty) tried the drug, most of them under my eye, and the same result was invariably obtained; viz, the clairvoyance; heaviness of the fore-arm and feet; hard, dry cough; desire for, and dread of, water; some had tetanus at the moment water was taken, others had some frothing at the mouth. A painless, yellow diarrhoea was present in *every* case. Eyes dull and swollen; heavy frontal headache; loss of appetite.

All the persons were relieved of the symptoms as quick as the immediate effect of the drug had passed off, which was usually in from ten to twenty-four hours. One or two were a little constipated for a few days. Coffee almost instantly relieved the headache following. Some had great fear, at times, of things either real or unreal, and at other times the mind wandered into delightful realms.

Two ladies whom I persuaded to try the drug took ten grains each, and experienced the same general symptoms; but they had, in addition, very profuse menstruation which lasted five days. At another time, several months after, they tried it again with the same result. They had always menstruated regularly, and had never any uterine or vaginal troubles.

PROCESS OF DISINFECTION.—A memorandum on disinfection has been issued by the Privy Council (Great Britain). In view of the approaching epidemics, we give its main points, after the "Chemical News and Druggists' Circular :"

"1. For artificial disinfection, the agents most useful are—chloride of lime, quicklime, and Condy's manganic compounds. Metallic salts—perchloride of iron, sulphate of iron, and chloride of zinc—are applicable. In certain cases, chlorine gas, or sulphurous acid gas, may be used; and, in other cases, powdered charcoal or fresh earth.

"2. If perchloride of iron or chloride of zinc be used, the common concentrated solution may be diluted with eight or ten times its bulk of water. Sulphate of iron or chloride of iron may be used in the proportion of a pound to a gallon of water, taking care that the water completely dissolves the sulphate of iron, or has the chloride of lime thoroughly mixed with it. Condy's stronger fluid (red) may be diluted with fifty times its bulk of water; his weaker fluid (green) with thirty times its bulk of water. When the matters requiring to be disinfected have an offensive smell, the disinfectant should be used till this smell has entirely ceased.

"3. In the ordinary emptying of privies or cesspools, use may be made of perchloride of iron or chloride of zinc, or of sulphate of iron. But where disease is present, it is best to use chloride of lime or Condy's fluid. Where it is desirable to disinfect, before throwing away the evacuations from the bowels of persons suffering from certain diseases, the disinfectant should be put into the night-stool or bed-pan when about to be used by the patient.

"4. Heaps of manure or of other filth, if it be impossible or inexpedient to remove them, should be covered to the depth of two or three inches with a

layer of freshly burnt vegetable charcoal in powder. Freshly burnt lime may be used in the same way, but is less effective than charcoal. If neither charcoal nor lime be at hand, the filth should be covered with a layer of some inches thick of clean dry earth.

"5. Earth near dwellings, if it has become offensive or foul by the soakage of decaying animal or vegetable matter, should be treated on the same plan.

"6. Drains and ditches are best treated with chloride of lime, or Condy's fluid, or with perchloride of iron. A pound of good chloride of lime will generally well suffice to disinfect one thousand gallons of running sewerage; but, of course, the quantity of disinfectant required will depend upon the amount of filth in the fluid to be disinfected.

"7. Linen and washing apparel requiring to be disinfected should, without delay, be set to soak in water containing, per gallon, about an ounce either of chloride of lime or Condy's red fluid. The latter, as not being corrosive, is preferable. Or the articles in question may be plunged at once into boiling water, and afterward, when at wash, be actually boiled in the washing water.

"8. Woollens, bedding, or clothing which cannot be washed, may be disinfected by exposure for two or more hours in chambers constructed for the purpose to a temperature of two hundred and ten to two hundred and fifty degrees Fahrenheit.

"9. For the disinfection of interiors of houses, the ceilings and walls should be washed with quicklime water. The wood-work should be well cleansed with soap and water, and subsequently washed with a solution of chloride of lime, about two ounces to the gallon.

"10. A room, no longer occupied, may be disinfected by sulphurous acid gas or chlorine gas, — the first by burning in the room an ounce or two of flowers of sulphur in a pipkin; the second by setting in the room a dish containing a quarter of a pound of finely-powdered black oxide of manganese, over which is poured half a pint of muriatic acid, previously mixed with a quarter of a pint of water. In either case, the doors, chimney, and windows of the room must be kept carefully closed during the process, which lasts for several hours." — *Journal of Materia Medica, from Boston Medical and Surgical Journal.*

A NEW REVELATION IN REGARD TO RINDERPEST, PLEURO-PNEUMONIA, AND CHOLERA.—A communication has been received at the Department of State, from our Delegation at London, enclosing two pamphlets relating to certain experiments by Dr. James Dewar, of Kirkcaldy, for testing the efficiency of sulphurous acid gas as a disinfectant. Results are cited which lead to the conviction, that all of the above diseases, and some others by which the human family are afflicted, may be not only very much modified, but even wholly prevented, by this means.

The method of generating the gas is very simple and inexpensive. It is only necessary to have a chaffer of red-hot cinders, set a small crucible into them, and drop a piece of sulphur stick of the size of a man's thumb into it. This will fumigate a large cattle-shed or byre in twenty minutes. The animals seem to enjoy it, and it acts as a tonic on man or beast. The shed or byre must be well ventilated during the fumigation, as well as before and after it; and sound sanitary rules must be enforced in regard to cleanliness and the removal of dungheaps.

During the prevalence of such epidemics as are above named, the fumigation may be made, according to the foregoing directions, four or five times a day: and not only is this treatment said to cure these fatal diseases, but it is stated that mange, ringworm, and lice have also vanished before it, and that grease heels in horses have also been cured by it; while severe cases of phthisis and tubercular affections of the lungs have been relieved in human beings.

The matter is worthy of study and experiment by our scientific and profes-

sional men. Dr. Dewor having consented to the free use of his pamphlets, they will be sent by the Secretary of State to an appropriate committee in Congress, with a view to their publication and distribution.—*Boston Transcript.*

THE hope is expressed, in a recent number of the "Lancet" (June 16), "that note will be taken of the remarkable phenomena which have lately been presented, in connection with the cholera, in Liverpool; its clear importation from an infected place; its frightful development under the insanitary conditions of a crowded emigrant ship; its quick and rapid disappearance under a better sanitary condition of the affected; its limitation by isolation; the only parties attacked, beyond the original group who came from an infected place, being those waiting upon the sick in various ways. These phenomena require no comment now. They involve no particular theory of contagion; but they involve the portability by persons or personal luggage of the cause of cholera, and are full of interest and importance. They go to show that cholera may be carried into a country, and may be 'stamped out' of it."—*Medical News and Library.*

COLOTOMY FOR RELIEF OF CANCER OF THE RECTUM.—Prof. Geo. C. Blackman relates ("Cincinnati Journal of Medicine," January, 1866) an interesting case of cancer of the rectum in a colored man aged 35, in which he performed Amussat's operation. The patient had not had an evacuation from his bowels for ten days, was unwilling to eat, and was rapidly becoming emaciated, when, on the 15th of October, Prof. B. "exposed, according to the usual method, the left descending colon in the lumbar region, and, having secured it by means of a ligature, I made an incision into the bowel of about one and a half inches. The intestine was then fastened to the lips of the wound by several interrupted sutures. On incising the colon, neither feces nor flatus escaped, but, with the point of my finger, I could easily reach the solid contents of the bowel. I made no attempt to bring on a discharge, but removed him to his bed, and directed him to keep quiet. The stitches were not removed until the ninth or tenth day. About this period, a dose of castor oil was administered, and fecal matter passed freely both by the artificial anus and the rectum. From that until the present time—December 26—the fecal matter has passed altogether through the artificial opening. The patient has indulged freely in the use of solid food, and has gained rapidly in flesh and strength. During the past ten weeks, he has had two attacks of hemorrhage from the fungous mass within the rectum. One of these was severe, and required injections of persulphate of iron to arrest it. With the exception of these temporary drawbacks, his improvement has been most gratifying, not only to himself, but to all who have witnessed the progress of the case. Since the operation he has occasionally, from imprudence in eating, been troubled, for a day or two, with diarrhoea and incontinence; but, as a general rule, the artificial anus has given him no trouble on this account. He states that, when his bowels are in a natural condition, fecal matter passes readily; then, as in a healthy condition of the rectum and anus, the opening seems to close. There is at the present time a plug of mucous membrane, which gently protrudes, and which probably aids, to a certain extent, in the retention of the feces. The patient suffers no more from the excruciating tortures which rendered him, before the operation, so miserable, and which threatened soon to terminate his existence, and has no hesitation in declaring that, even if his life should not be prolonged another day, he has been amply repaid for submitting to the operation. He has taken one grain of opium

every night since the operation, and is now taking of the bromide of iron three grains three times in the day, with occasional injections of the persulphas ferri to the diseased rectum. By these means we hope to hold in check the progress of the cancer.—*American Journal of Medical Sciences.*

IN Linn County, Iowa, on the 10th of April last, nine persons out of a family of ten were suddenly attacked by a new and singular disease. The symptoms at first were violent and gradually assumed a milder form, but they were such as to puzzle the family physician. As the disease bore a general resemblance to typhoid fever, the treatment applied to the patients was the treatment suitable for that disease. At the end of twenty days two doctors were called in to consult with doctor in charge, and it was decided that the family had eaten trichinous meat. Not long afterwards, three of the patients died, and a *post mortem* examination was made. Trichinæ were discovered. Portions of the muscular tissue were sent to many surgeons and scientific men, who are said to have confirmed the conclusions of the local doctors, and to have stated that the average number of worms found in the various pieces of flesh submitted to them was two hundred thousand to the cubic inch. Three more of the unfortunate family have since died, and it is well ascertained that they had all eaten of diseased pork,—ham which had not been cooked at all. This seems to be about the first perfectly authenticated case of trichiniasis which has occurred in this country.—*The Nation.*

HOMœOPATHIC HOSPITAL AT PITTSBURGH, PA.—We understand that this new hospital is now in successful operation. In looking over the act of incorporation, and the rules and regulations for the government of the institution, we are gratified to find a liberal provision introduced for the benefit of paying patients. It is to the effect, that such patients may have the privilege of employing, at his option, a practitioner of the allopathic school. This is both just and judicious, and is an example worthy the attention of the physicians of all classes.

ELEVENTH ANNUAL REPORT OF THE BOND-STREET HOMœOPATHIC DISPENSARY, NEW YORK. OTTO FÜLGRAFF, M.D., MANAGER.—We are in receipt of the above. During the past year, the number of cases treated was 24,086; number prescriptions, 46,160; out-door visits, 8,123. Of the 24,086 patients, 20,032 were cured, 1,413 relieved, 2,571 unknown, and 70 died. The funds for the support of the dispensary were furnished, \$1,000 by the State, and \$1,000 by the City Council of New York, and \$1,095.93 by private subscription, making a total of \$3,095.93; nearly enough to meet all expenses.

SOME of our exchanges reach us very irregularly. We have never received but one number of the "St. Louis Observer," nor more than two numbers of the "Hahnemannian," of Philadelphia, nor more than two or three of the "American Homœopathic Review." The quarterlies, the "American Homœopathic Observer," and the "Investigator," make their appearance regularly.

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A CASE ILLUSTRATING THE ACTION OF DIOSCOREA
VILLOSA.

BY E. M. HALE, M.D., OF CHICAGO.

THIS medicine seems destined to prove a valuable remedy in many diseases, although its sphere of action is not yet fully understood. The history of the introduction of this remedy into homœopathic practice may be of interest. In the body of the volume of my "New Remedies," first edition, will be found a notice of the plant; its empirical uses in the eclectic school, and its use (empirically) by members of the homœopathic school.

In the appendix to the volume appeared a proving made with heroic doses, by Dr. Burt. This proving was something of a puzzle to me at the time, for it contained symptoms which I did not expect to get from the medicine. The reader will note the predominance of certain pains; of "drawing, cutting, or aching pains, especially in the abdomen, stomach, fingers and toes." The pains were accompanied by "stiffness and lameness," worse when at rest, relieved by motion."

When I sent the *Dioscorea* to Dr. Burt to be proven, I kept the name of the medicine from him, according to my usual practice. He several times wrote me, asking the name of the drug; but I did not inform him until it was published. I expected him to get abdominal pains and spasms, from what I knew of its curative action on the bowels; but the pains in the extremities I was not prepared for.

Since that proving was made, however, other provings have been instituted, which substantiate the first experiment. These provings, together with much new and interesting clinical experience, will appear in the second edition of "New Remedies," Part III.

In the first edition, I made the following statement:—

"The true sphere of its action, whether upon the *muscular* or *nervous* tissues of the abdomen, &c., cannot yet be defined. I am inclined, however, to the opinion, that it acts more specifically upon the former. Its action is probably confined to the stomach and intestines."

I have had sufficient cause to modify this opinion. From the results of the recent provings, as well as from its action in a case which I will narrate, I am convinced that the *Dioscorea* acts *first* on the nervous system of the abdomen, probably the *cæliæ plexus*; whence the intense pain and spasm of the intestines. It may also affect the *hypogastric plexus*. Indirectly, or secondarily, it affects the whole nervous system, causing pains in various portions of the body and extremities through its *reflex action*.

Dr. Paine (eclectic) believes it to act on the "umbilicus plexus;" and as "biliary colic is but a hyperæsthesia of this plexus, it cures," &c. But Dr. Paine became almost convinced that homœopathy was true, although he does not admit it; for, on giving the medicine to several students of medicine, he found it to cause in each case abdominal pains, such as would arise from hyperæsthesia of the umbilical plexus.

The following case occurred after the article "Dioscorea" had been printed for the second edition. I therefore give it to the profession for the purpose of adding to the experience with the remedy:—

A lady, pregnant with her second child, had alternate constipation and relaxation of the bowels. She had suffered much from pyrosis, and a "burning, aching pain in the stomach." But her peculiar symptoms were these: for two weeks before she applied to me, she experienced, just before and during each faecal evacuation, a severe pain in the sacral region and bowels, of a "writhing, drawing" character; and these pains appeared

to radiate upward and downward, until the whole body and extremities became involved, the fingers, hands, feet, and toes, feeling as if they were about to be cramped, from the severe, drawing, darting pains in them: these symptoms were always accompanied by great anxiety, faintness, and palpitation of the heart.

When I attempted to prescribe for this singular group of symptoms, I first thought of and prescribed Belladonna, and afterwards Veratrum. Each was given for two days, but no improvement followed. Colocynth and Dioscorea came into consideration: these two medicines are very close analogues, but I concluded to try the latter in preference, and from a curiosity to see what it would do.

Two or three grains of the one-tenth trit. of Dioscorin (first decimal) was dissolved in half a goblet of water: one spoonful was ordered to be taken every two hours. The next evacuation was accompanied by a slight manifestation of the previous symptoms, but after that they did not appear again. The "burning pain" in the stomach also disappeared. At this date, now four weeks since, the Dioscorea was given: none of the symptoms have returned.

GALL-STONES AND OTHER BILIARY OBSTRUCTIONS RADICALLY CURED BY CHINA OFFICINALIS.

BY DAVID THAYER, M.D. BOSTON.

(Read before the Massachusetts Homœopathic Medical Society.)

THE more prominent symptoms of the passage of a calculus through a duct of the gall-bladder are sudden, severe, and deep-seated pain in the region of the liver and epigastrium, extending to the left hypochondrium, to the back below the right scapula, and downwards to the right iliac region. Sometimes the whole abdomen exhibits tenderness, on pressure; and this is more marked in the vicinity of the gall-bladder. Vomiting, great prostration, discouragement, melancholy,

rigors, coldness of the extremities, profuse perspiration, are also usually present.

Though it is not easy to distinguish the presence of gall-stone in the ductus chaledochus from other disease of the cholecyst, yet in the treatment of the malady yclept "biliary colic," whether caused by the presence of a biliary calculus in a canal too narrow for its easy egress, or by inflammatory irritation from acrid or inspissated bile, or by exposure, or by any of these causes combined, CHINA, *in homœopathic doses, if properly administered*, may be confidently relied upon as a remedy.

This opinion is based on the experience of eleven years, in which I have diligently sought the remedy; and I am now emboldened, through the success which has never deserted me during this long period, to pronounce CHINA OFFICINALIS the remedy and the prophylactic of the disease caused by gall-stone and other biliary obstructions of the gall-bladder and its appendages. My first case of radical cure occurred in 1854 and '55.

In the evening of the 29th November, 1854, I was consulted at my office by the husband of Mrs. M., now of Indiana Place, for a gastric derangement which had troubled her for some time. I gave Nux vomica 6, without seeing the patient.

On the following day I was sent for, and learned the history of the case as follows:—

Mrs. M., age about thirty, of light complexion, light hair, and light-blue eyes, amiable disposition, and gentle manner, had been afflicted for several years with periodical "colic," occurring every two, three, or four weeks.

Her physician had attributed this painful malady to the passage of gall-stones, and had treated her with opiates, and thereby relieved somewhat her sufferings, but without in any degree checking either the frequency or the severity of the attacks.

At this time, I found her suffering from severe pain in the epigastrium; tenderness on pressure, in the hepatic region; constipated state of the bowels; nausea and vomiting; tongue dry and cracked about the central portion; headache, with

great prostration, melancholy, and discouragement; the pains sometimes extending downward and across from the right to the left hypochondrium, and sometimes pervading the entire abdomen.

For these symptoms I gave Belladonna 6, to be followed by Rhus toxicodendron if the former should fail to relieve.

On the following day, Dec. 1, she was no better, having taken a dose of castor oil during the night.

The next morning I found her better, and gave Sulphur and Nux vomica alternately mornings and nights, and did not hear from her again for a fortnight.

Dec. 16, I was called again, and found her suffering pain in the stomach, as if from indigestion, slight nausea, and constipation. I gave her Bismuth, and did not hear from her again for another fortnight.

On Dec. 30, just fourteen days from the last visit, I was again called, and I find recorded in my note-book "Chronic hepatitis (?) constipated bowels," &c. I gave Bismuth again, and ordered the continuance of the Sulphur and Nux vomica mornings and nights.

In eight days more, on the 8th January, 1855, I was again summoned, and gave Bismuth every two hours.

The next day, I found the patient had been promptly relieved after taking the Bismuth; but now she has tenderness in the region of the liver, and pain which extends to the right iliac region, a return of the acid vomiting, with debility and great discouragement.

I gave Mercurius every three or four hours.

The next day, the 8th January, the pain in liver is sharp and cutting. Belladonna 6.

Two days later, Jan. 10, I find written "Hepatitis, or gall-stone." Merc. sol. 6, every two hours.

Ten days later, Jan. 20, pain in liver. Bell. 3, every three hours. Jan. 26, pain in liver, acidity, coldness, melancholy, stupor. Sulphur and Pulsatilla.

Feeling that the case was becoming very serious, I made a more careful study of it; and, by a process of "*elimination*," I arrived at a result which began to point in the right direction,

and gave Merc. iod. 3, to be followed by Chin. 6, mornings and nights.

On this day I revaccinated the patient.

Feb. 12, I saw her again, and ordered the medicine to be continued. More than two months after this—viz., on the 19th April,—I diagnosed the passage of “gall-stone,” and gave Merc. iod. 3, to be followed by China 6 every one or two hours, and applied warm fomentations to the abdomen. 20th. The pain yesterday subsided, after taking China 6.

April 26. Six days later, after more careful study of the case, with the help of Jahr’s “Tables of Symptoms,” and by a very careful elimination of all the remedies which were not common to all the symptoms, I gave China 6, as a prophylactic. On this day is written, “To prevent hepatitis, or pains in the liver, China 6, every evening, for twenty days.”

On May 25, I was again called to see Mrs. M., and found her suffering from “pain in the liver,” and gave China 6, every three hours. The China relieved her at once.

June 8, 1855, I saw her again, and gave China 6, morning and evening, as a prophylactic.

July 13. She had another attack of pain in the region of the liver, and I gave China 6, diluted in water, every hour.

During the rest of this month, and in August, September, and October, I saw her frequently.

The paroxysms of hepatic pains became gradually less frequent while she was taking China once or twice a day, but they did not entirely disappear until I gave the remedy four times a day at first, and gradually diminished the number of the doses to three times, twice, once a day; then, every second, third, fourth, fifth day, &c.; then, once a week for a while, and at length only once in two, three, and four weeks. Since that time, she has had no return of the disease through a period of eleven years.

Mr. H., of the United-States Hotel, Boston, was subject to severe attacks of “colic” for years, the cause of which was never known until gall-stones were found in the faecal discharges.

I gave him China 6, six pills four times a day for a week;

then three times a day, then twice a day, then once a day, then every second, third, fourth day, &c., till at length he takes them but once a month, and has had no return of the disease in many years.

Mr. H. and one other person, a lady whom I had cured, informed me that whenever they take a dose of the China, whether it be once a week or once a month, they experience a sensation in the vicinity of the gall-bladder as if a thick fluid were being discharged through a narrow passage.

Captain R., of Boston, a sea captain, had made many voyages into the hot latitudes, and had spent some years on the coast of Africa, and had several times nearly lost his life from what he called "biliary colic." The attack was usually sudden, and often lasted for days, during which he suffered "unutterable agonies."

Having one of these attacks while at home in Boston, I was called in, and treated him for gall-stone disease, and cured him. Although he has had no return of it in several years, yet he always has by him the little vial of "sugar pills," of the sixth potency of China, which he takes as he chances to think of it, sometimes once a week, and sometimes once a month.

After he was relieved of the pains, the faeces were examined, and a large quantity of very small scybala of the size of a pea, and much smaller, of dark-green and almost black color, were found. This is not a solitary instance. I have often observed the same kind of faecal formations in great numbers in other cases of biliary obstructions.

Whether the disease be caused by the hard, white calculi, or these comparatively soft spheroids of inspissated and condensed biliary matter, the China cures it, and thus far in my experience invariably.

Mrs. C., of Cambridge, was subject to frequent attacks of the most violent and agonizing paroxysms of pain.

These sufferings occurred about once in two weeks, so that she was no sooner recovered from one attack than another followed it. This state of things continued for years, until all the physicians in Cambridge, and many of those living at the West End of Boston, had been hastily called to attend her. I

never saw her in this state of suffering ; but my account of it is derived from her, and the physicians who were familiar with the case.

I do not know that she ever had a biliary calculus, though the disease was called gall-stone.

One of the persons whom I had cured of gall-stone heard of Mrs. C.'s sufferings, and sent word to her that his doctor had cured him, and thought she might find relief.

Mrs. C. came to see me, told the story of her sufferings, that she was once so far gone in one of these paroxysms that she lost all consciousness, and was supposed to be dead.

I gave her a two-dram vial of globules of China 6, with the usual directions, and she has never had any trouble of the kind since. She occasionally sends for more medicine, fearing her disease may return.

Many other cases might be cited, but these are deemed sufficient for illustration.

LACHESIS IN ONE FORM OF UTERINE INFLAMMATION.

BY S. M. CATE, M.D., SALEM, MASS.

(Read before the American Institute of Homœopathy.)

IN May, 1864, I was requested to send medicine to a lady in an adjoining town. The messenger described the difficulty as a pain in the neck of the bladder, frequent and painful urination, the pain of a burning, smarting character, increased by walking and standing, but pretty constant. The health in other respects quite good. Supposing the trouble to be inflammation of the neck of the bladder, *Cantharis* 3 was sent. After two days, the report came that the trouble grew worse instead of better, when tincture of *Copaiavæ* was ordered in five-drop doses. This proving ineffectual, I visited the patient June 2, hoping, by an examination of the symptoms at first hand, to get a better understanding of the case. Uterine symptoms were soon suspected ; and a digital examination *per vaginum* showed that the fundus of the womb was somewhat retrovert-

ed, the os low down, and tilted forward and upward against the neck of the bladder. The position of the womb was partly corrected by pushing the fundus up, and afterwards the os backward and upward. When the womb was somewhat restored, it seemed to be enlarged to five or six times its natural size and weight, hot and sensitive to the touch, with the os open so that the index finger could be passed into it for an inch or further. The os was sensitive, and gave a nodular but not an impression of hardness to the touch; and an examination with the speculum showed no abrasion of the surface of the womb or os, so far up as the examination could extend. The womb was red and swollen, but not ulcerated. Some pains that had been referred to the bladder were found to be located in the womb, though considerable sympathetic inflammation of the neck of the bladder was actually present. The patient was forty-three or forty-four years old, and the menses had been irregular for a year; sometimes appearing in four weeks, and again only each three or four months. She was directed to go to bed, and lie quietly; and had Ignatia 3 and Gelsemium 1 alternately, in solution, a dose each two hours. Some mitigation of the pains followed the use of these remedies, but apparently more from the rest and recumbent posture than from the medicine; for an examination revealed the same condition of the womb, only it was in a more natural position. But a careful exploration of the fundus of the womb showed that the posterior wall, next the rectum, was larger than the rest of the fundus; and that it really had a fibrous tumor of the size of a large egg embedded in the posterior wall, or else, from inflammation or other cause, the wall itself had become thickened and enlarged, giving the form and appearance described. Which of the above-named conditions was present, I could not say; but I inclined to the opinion that it was a tumor. The subsequent progress of the case indicated a condition of hypertrophy with acute metritis.

June 21, Lachesis 8 was given, a dose four times a day. The use of this remedy was followed by a more rapid mitigation of all the pains; and an examination on the 30th of June showed a marked improvement in all respects. The swollen

condition of the neck and os was less; and the womb was smaller in all its parts, but especially at the posterior wall of the fundus.

The treatment was continued with this remedy for more than a year; the only variation being, that, as the improvement progressed, two powders a day were given instead of four, and, as the improvement continued, the medicine was occasionally discontinued for a week or two. During the treatment, the menses became more regular; and gradually all the unpleasant symptoms passed away, so that the woman seemed fully restored to health by the following December. But the moderate degree of posterior enlargement of the fundus that remained, and the apparent favorable action of the Lachesis upon it, led to a continuance of the medicine in the way mentioned, for several months longer. The result was favorable, though some enlargement remained. And since then, on one or two occasions, she has had a slight return of the trouble, which has induced a return to the medicine, and each time with a favorable result. No other remedy seems needed. It is probable that the congestive conditions of the climacteric period had something to do with producing the inflammation and enlargement described in this case; and that the Lachesis acted favorably on this condition, as well as upon its results.

In two cases of a very similar nature, in which digital examination was instituted, and all the physical changes here described were present, except that the posterior enlargement was less; that is to say, in which the womb, was to a considerable degree prolapsed and retroverted, with enlargement of the posterior wall of the fundus, and also of the whole womb, in a less degree, and with the os open and neck swollen and sensitive, and occurring in women at or near the climacteric period, with delayed, lost, or scanty menses,— the continued use of Lachesis proved equally satisfactory to myself and the patients. The preparation of Lachesis used in these cases, when originally obtained, purported to be the fifth centesimal trituration, which has been carried up on the decimal scale, and was used in the eighth and ninth triturations.

GAMBOGE IN THE TREATMENT OF CHRONIC DIARRHœA,
AND ULCERATION OF THE COLON, AS A SEQUELÆ OF
DYSENTERY.

BY J. C. BURPEE, M.D., OF MALDEN, MASS.

I HAVE been accustomed to use the gamboge during the last seven or eight years, in accordance with the suggestion of Dr. Hilberger, of Trieste, who published his observations, in a few cases, in one of the German homœopathic journals, some eight or nine years since. Dr. Hilberger considers this remedy particularly efficacious, when the form of chronic diarrhœa under treatment is evidently of catarrhal origin.

CASE I.—I used the gamboge in the case of a lady, some forty-five years of age, who had been very sick with typhoid fever for three months; and who, for the last three or four weeks, had had three or four discharges daily, of from one to three or four ounces each, of a muco-purulent, or sanguinolent matter, with some fecal excretions, and frequent discharges of semi-solid masses, of quite pure white, resembling mucus. There was much tenderness along the course of the colon, and particularly in the left iliac, and ileo-cœcal regions. The patient suffered constantly from severe pain and distress in the sacral region, which was much increased by every discharge. There was often nightly fever, as well as morning sweats; little appetite, and much thirst; the spirits much depressed. Had been under the constant care of an Allopathist, or Doctor of *Physic*, up to this time. In sheer desperation, and against the wishes of her husband, she sent for me, in his absence, and requested me, if possible, to give her something to relieve her. I gave her gamboge, which relieved her immediately, and cured her in the course of six weeks; the diarrhœa being only a part of her trouble.

CASE II.—Sept. 28, 1864. Mr. J. R., thirty-five years old, spare habit, temperament sanguine-nervous, has been very sick with dysentery for four weeks. For the last ten to twelve days, he has had from two to four discharges daily of puru-

lent matter, very offensive to the smell, with an almost entire absence of fecal matter; quantity, from one to three ounces each. The patient is much emaciated, very weak, some fever, and very profuse night-sweats; pulse 110, small and wiry; tongue, black and thickly furred; great tenderness all over the abdomen; the colon tympanitic and extremely tender, especially in the left iliac, and ileo-cœcal region. Sitting at stool for two minutes would bring on a very severe tenesmus, and a nauseating distress in the bowels, which almost overcame the patient, and compelled him to lie down as quickly as possible; constant pain and distress in the lumbar and sacral regions; very little appetite, and much depression of spirits.

Phos., phos. acid, calcarea, nitric and muriatic acid, rhus tox., and sulph. seemed of no particular benefit. A consultation being called, phytol. and carbo vegetabilis were advised, and continued twenty-four hours, when, on calling to see the patient, at 10 o'clock in the evening, I found he had had four discharges of the same character and quantity, with the exception that the last was about one-fourth blood. Fearing severe hemorrhage, I at once gave him of the tincture of gamboge, one drop every hour, in a dessert-spoonful of water.

Sept. 29, 6, P.M.—The patient rested very well, and, at eight o'clock this morning, had quite a large discharge of soft fecal matter, of a chocolate color, mixed with some purulent matter. He says he feels much better in every respect: the tenderness, tenesmus, and distress have almost gone within the last twenty hours; and the patient has had three discharges, during the day, of a quite favorable character. In the morning, I continued gamboge every two hours.

Oct. 5.—The improvement has been constant and rapid; the patient walking down stairs, and out-doors, in one week; appetite good, and food digests perfectly; two or three stools daily of the same chocolate color, each containing some muco-purulent matter; tongue entirely clean; night-sweats gone. On two several days I omitted the gamboge; giving one day calc. carb., and the other phos. The patient, however, begging me to give him the gamboge again, it has been continued every two or three hours, a few drops of the tincture in half a tumbler of water.

Tuesday, 11th.—Patient has slept nine hours without waking; has had one evacuation with some purulent matter; feels better; rode four miles with me, without weariness. He had a normal-appearing evacuation at 5, P.M., the first in twenty-four hours.

12th.—He has slept well, and feels quite strong, and came into Boston, this morning, to attend to business.

COLIC, TREATED WITH IRIS VERSICOLOR.

BY C. E. SANFORD, M.D., BRIDGEPORT, CONN.

AUG. 15, 1865. I was called to see Mrs. B., aged sixty-five, the wife of a farmer, a hard-working woman, of a nervous-bilious temperament. She had been subject to similar attacks for some years previously. I had seen her occasionally, and had attended her the spring before with chills and fever; and, during the month of July, through a sickness of the same character as the present, although not as severe. I found her much prostrated, pulse frequent and feeble, with expression of great anguish in the face, much mental depression, frequent and violent efforts to vomit, resulting, however, at the time I saw her, in little more than an enormous discharge of air, which seemed to roll off her stomach with great force. There was intense pain in the umbilical region, passing in successive shocks, like the effects of a galvanic battery, upward to the epigastric region, followed or accompanied by nausea, straining, and belching of wind. There was great commotion and rumbling of the bowels above the seat of pain; but little or none below, with no desire for stool. My prognosis was guarded, as the severity of the symptoms, age of patient, and previous condition, all appeared unfavorable. Now, although the provings of Drs. Burt and Rowland, in "Hale's New Remedies," might have suggested *Iris*, I doubt if I should have ventured to use it in so severe a case of colic for the first time, if I had not witnessed, a few days before, in a case of

Irisin poisoning, *symptoms which were almost identical* with those of the present patient. The case referred to was that of a lady, who had been taking two or three grain pills of Irisin for several days for constipation, *without any relief*, her bowels not moving once in the whole time: during two or three days previous to the attack, she had felt some slight symptoms of the colic after each pill, but she thought they were *working* in the bowels, and would pass off. They did pass off, but upward instead of downward. She vomited up several of the pills before she was relieved of one of the most severe attacks of colic I ever witnessed; and every symptom of which, generally and specifically, was a perfect counterpart of those already described, especially the vast quantities of air thrown off the locality of the pain: no inclination to stool, general appearance of anguish, &c. It struck my mind so forcibly, upon entering the room of the first-mentioned patient, that *Iris* would relieve, that I did not hesitate for a moment in the selection of a remedy. I dissolved six or eight drops of the tincture in a half-tumbler of water, and gave a teaspoonful dose every ten minutes, until there was relief, gradually increasing the interval between the doses to one and two hours. I was not disappointed: the effects of the Iris were rapid, and wholly agreeable. In a short time, my patient was entirely relieved of her severe pain; she had a comfortable night. I was called in the afternoon, and on the following morning occurred a natural movement of the bowels. I have used the Iris in several cases of colic since, in which the symptoms were similar, although less decidedly marked. This peculiar type of colic is not unfrequent among elderly people; and in all such cases the Iris Versicolor will prove serviceable.

The New-England Medical Gazette.

BOSTON, SEPTEMBER 15, 1866.

WE reprint, for the present number of the "Gazette," a *résumé* from the "Boston Medical and Surgical Journal" of the proceedings of the Cholera Commission which, as our readers are aware, was held a few months since at Constantinople. The Commission was evidently thoroughly in earnest, and determined to do its work faithfully and impartially. The opinions which it presents to the world in respect to the origin and nature of cholera, in view of the distinguished position of its members, and their unparalleled facilities for obtaining precisely the information desired, are authoritative and conclusive. These opinions will occasion some surprise, and a good deal of wholesome reflection for our non-progressive friends. That the views of the Commission will be severely criticised and ridiculed is very certain; and quite as certain is it, *unsere meinung nach*, that these views can never be refuted, nor even brought into disrepute. Our readers will remember that the "Gazette" has uniformly, and from the first number, supported the theory that Asiatic Cholera originates in India, that it is contagious, that it spreads through human intercourse, and that quarantines are useful. We commend a careful perusal of the abstract of the report which follows. The names of the members of the Commission are these: The Count de Lallemand, the Count de Noidans and Segovia, *diplomats*; and Drs. Bartoletti, Bykow, Bosi, Dickson, Fauvel, Goodeve, Gomez, Baron Hübsch, Lenz, Maccas, Millingen, Monlau, Mühlig, Pélikan, Polak, Salem, Salvatori, Sawas, Sotto, I. Spadaro, and Van Geuns.

First Group of Questions. The Origin and Genesis of Cholera; the Endemic and Epidemic Prevalence of this Disease in India.

I.—Whence did the cholera, called Asiatic, originally come? And in what countries does it exist in our day in an endemic form?

The Commission, with one voice, is able to answer without hesitation, that the Asiatic cholera, which at different times has run over the whole world, has its origin in India, where it had its birth, and where it exists permanently as an endemic.

Adopted unanimously.

II.—Out of India, does the Asiatic cholera exist in our day in any part of the world in an endemic form?

The Commission considers as demonstrated, that the Asiatic cholera, wherever it appears, is never spontaneously developed, and has never been observed as an endemic (care must be taken to distinguish secondary foci, more or less tenacious in their character) in any of the countries which have been enumerated (Europe, &c.), and that it has always come from abroad. As for the countries in the neighborhood of India, while admitting it as probable that the cholera does not exist there as an endemic, the Commission does not feel itself authorized to come to any formal conclusion on the subject.

Adopted by all the members of the Commission, except MM. Polak, Sawas, and Van Geuns.

III.—Is there any reason to fear that the cholera may acclimate itself in our countries?

The Commission, without rejecting the possibility of the fact, regards it as problematic.

Adopted unanimously.

IV.—Is there in the Hedjaz an original focus of cholera, permanent or periodic?

The Commission is of opinion that Asiatic cholera does not appear to have had in the Hedjaz its original focus, but it appears to have always been introduced there from abroad up to the present time.

Adopted unanimously, except by Mr. Goodeve.

V.—Are there in India certain localities which have the exclusive privilege of generating cholera, or which are more particularly favorable to its development? In other words, is cholera endemic in all parts of India, or only in certain regions which it is possible to circumscribe?

At this time the Commission can only answer, that there are in India certain localities, comprised principally in the valley of the Ganges, where cholera is endemic, without being able to point out all of them, or to affirm that they have the exclusive privilege of giving birth to this disease.

Adopted unanimously.

VI.—Do we know the causes by the concurrence of which cholera originates spontaneously in India, as well as the circumstances which make it take on an epidemic character?

The Commission feels obliged to limit itself to answering that we know not the special conditions under the influence of which the cholera breaks out in India, and reigns there in certain localities as an endemic.

Adopted unanimously.

VII.—What are the circumstances which concur in the development and the propagation of epidemics of cholera in India?

The Commission believes itself authorized in answering, that pilgrimages are in India the most powerful of all the causes which tend to develop and propagate cholera epidemics.

Adopted unanimously.

Second Group of Questions. The Transmissibility and Propagation of Cholera.

VIII.—Is the transmissibility of cholera proved to-day by facts which do not admit of any other interpretation?

Do not all these facts demonstrate conclusively, that cholera is propagated by man, and with a rapidity in proportion to the activity and rapidity of his own movements? The Commission does not hesitate to answer in the affirmative.

Adopted unanimously.

The Commission, with unanimity, concludes that the transmissibility of Asiatic cholera is an incontestable verity, proved by facts which do not admit of any other interpretation.

Adopted unanimously.

IX.—Are there conclusive facts which force us to admit that cholera can propagate itself at a distance by certain atmospheric conditions, by winds, or by any other change or modification of the surrounding medium?

The Commission answers, that no fact has proved, up to the present time, that cholera can propagate itself at a distance by the atmosphere alone, whatever may be its condition; and that besides it is a law, without exception, that never has an epidemic of cholera extended from one point to another in a shorter time than was necessary for man to carry it.

Adopted unanimously.

X. — How is the importation of cholera effected, and what are the agents of its transmission?

It may be said, without more specific statement for the moment, that, if all modes of conveyance from countries affected with cholera are not likely to propagate the disease, it is none the less prudent, at present, to consider all such means of conveyance as suspected. A more detailed examination will settle the question.

Adopted unanimously.

XI. — Under what conditions does man import the cholera?

Man affected with cholera is himself the principal propagating agent of this disease, and a single cholera patient may cause the development of an epidemic.

Adopted unanimously; and —

XII. — The Commission has been led to conclude that certain facts tend to prove that a single individual (with much greater reason many individuals) coming from a contaminated place, and suffering from diarrhoea, is able to cause the development of a cholera epidemic; or, in other words, that the diarrhoea called premonitory is able to transmit cholera.

Adopted unanimously.

XIII. — What is the period of incubation?

In almost all cases, the period of incubation, that is to say, the interval between the moment when the individual may have contracted the cholera poison and the commencement of the premonitory diarrhoea, or of confirmed cholera, does not go beyond a few days; all the facts cited of a longer incubation belong to the class where the contamination may have taken place after departure from the infected place.

Adopted unanimously.

XIV. — Can the cholera be imported and transmitted by living animals?

There is no known fact which proves that cholera has been imported by living animals; but it is reasonable, nevertheless, to consider them, in certain cases, as belonging to the class of objects called susceptible.

Adopted unanimously, except by MM. Bykow and Lenz.

XV. — Can cholera be imported and transmitted by linen, clothing, and in general by articles in common use?

Cholera can be transmitted by articles in common use coming from an infected place, and especially by those which have been used by cholera patients; and it also results from certain facts, that the disease may be transported to a distance by these same articles when closely shut up from the outer air.

Adopted unanimously.

XVI. — Can cholera be imported and transmitted by merchandise?

The Commission, while admitting with unanimity the absence of proof of the agency of merchandise in the transmission of cholera, admits (by a majority of 16 votes to 6) the possibility of the fact under certain conditions.

The negative votes were those of MM. Bykow, Goodeve, Lenz, Pélikan, Polak, and Van Geuns.

In consequence, until more fully informed, the Commission believes that it will be wise to consider as suspected, at least under particular and determined conditions, every thing coming (*toute provenance*) from a cholera district.

Adopted unanimously, except by MM. Goodeve, Pélikan and Polak, who declined voting.

XVII. — Can the bodies of patients who have died of cholera import and transmit the cholera?

Although it is not proved by conclusive facts, that the bodies of patients dying with cholera can transmit the disease, it is prudent to consider them as dangerous.

Adopted unanimously, except by M. Sawas, who declined voting.

On the Influence of Means of Communication.

XVIII.— What influence do the various modes of communication, whether by land or sea, have upon the propagation of cholera?

The Commission answers, that maritime communications are by their nature the most dangerous; that it is they which propagate most surely cholera at a distance, and that next to them comes communication by railroad, which in a very short time may carry the disease to a great distance.

Adopted unanimously.

XIX.— What is the influence of deserts upon the propagation of cholera?

The Commission, resting upon facts established by experience, concludes that great deserts are a most effectual barrier to the propagation of cholera; and it believes that it is without example for this disease to be imported into Egypt or Syria, across the desert, by caravans from Mecca.

Adopted by all the members of the Commission except MM. Monlau, Pélikan, Polak, and Van Geuns, who declined voting.

The Influence of Crowding.

XX.— What is the influence of crowds upon the intensity of epidemics of cholera, as well upon the propagation of the disease? and under what conditions does it exercise its influence.

All crowding together of human beings, among whom cholera has been introduced, is a favorable condition for the rapid spread of the disease; and, if this crowding exists under bad hygienic conditions, for the violence of the epidemic among them.

That, in this case, the rapidity of the extension of the disease is in proportion to the degree of crowding, while the violence of the epidemic is, other things being equal, so much the greater according as individuals have been little exposed to the choleraic influence, or not at all; that is to say, in other words, individuals who have already been exposed to the influence of a cholera atmosphere enjoy a sort of relative and temporary immunity which counterbalances the bad effects of crowding.

Finally, in the case of a dense crowd, the more rapid its separation, so much the more rapid is the cessation of the epidemic, at least if new arrivals of unaffected persons do not furnish new aliment for the disease.

Adopted unanimously.

XXI.— What is the intensity and what the tenacity of cholera epidemics on shipboard?

The Commission replies that the intensity of cholera on board ships crowded with men is, in general, proportionate to the crowding, and is so much the more violent, other things being equal, if the passengers have not resided in the focus of cholera from which they started; that on crowded ships the spread of cholera epidemics is ordinarily rapid; finally, the Commission adds, that the danger of importation by ships, and that of giving rise to a grave epidemic, are not entirely subordinate to the intensity, nor even to the existence, of choleraic symptoms appearing during the voyage.

Adopted unanimously, except by M. Monlau, who declined voting.

XXII.— What influence does the accumulation in lazarettos of individuals coming from a cholera district exercise upon the development of cholera among the people at quarantine and in the neighborhood?

The Commission concludes that the crowding together of people coming from a place where cholera reigns in a lazaretto, has not the effect of producing, among the people at quarantine, a great extension of the disease; but that such a gathering is nevertheless very dangerous for the neighborhood, as it is calculated to favor the propagation of cholera.

Adopted unanimously, except by M. Monlau.

XXIII.— What influence do great collections of men, in armies, fairs, pilgrimages, exercise upon the development and propagation of epidemics of cholera?

The Commission concludes that great gatherings of men (armies, fairs, pil-

grimages) are one of the most certain means for the propagation of cholera; that they constitute the great epidemic foci which — whether they march after the manner of an army, or whether they are scattered, as at fairs and in pilgrimages — import the disease into the country which they traverse; that these gatherings, after having been exposed, usually in a rapid manner, to the influence of cholera, become much less susceptible to its power, and that it disappears very speedily, unless newly arrived persons take the disease.

Adopted unanimously.

XXIV. — What is the influence of dissemination upon the intensity and development of cholera epidemics?

The Commission concludes that the breaking-up of a collection of people, at an opportune time, may render less violent an epidemic of cholera, and even arrest its extension; but that this scattering, on the other hand, gives rise to great danger of propagating it, if it take place in the midst of a region as yet unaffected.

Adopted unanimously.

XXV. — What part belongs to the pilgrimage to Mecca in the cholera epidemics of our day.

The part of the pilgrimage to Mecca, as an agent in propagating cholera as regards the neighboring countries of Europe (the only one with regard to which we have positive information), has been the introduction of this disease into Egypt twice, with an interval of thirty-four years, during the hot season.

Adopted unanimously, except by M. Polak, who declined voting.

The Influence of Hygienic Conditions.

XXVI. — What is the influence upon the violence of cholera epidemics exerted by hygienic and other conditions of locality; in other words, what are the assisting causes of cholera.

The Commission recognizes that the hygienic and other conditions which in general predispose a population to contract cholera, and consequently favor the intensity of epidemics, are, — misery, with all its consequences; overcrowding, particularly of persons in feeble health; the hot season; want of fresh air; the exhalations from a porous soil impregnated with organic matters, above all with the dejections from cholera patients.

In addition, the Commission think, that, as it appears demonstrated by experience that the discharges of cholera patients contain the generative principle of cholera, it is right to admit that drains, privies, and the contaminated waters of towns may become the agents for the propagation of this disease.

The Commission adds, that it seems to result from certain facts, that the soil of a locality, once impregnated with cholera detritus, is able to retain for a considerable length of time the property of disengaging the principle of the disease and of thus keeping up an epidemic, or even of regenerating it after it has become extinct.

Adopted unanimously, except by M. Pélikan.

Immunity from Cholera.

XXVII. — How is immunity from cholera to be interpreted?

The immunity which certain localities enjoy, that is to say, the resistance, permanent or temporary, general or partial, opposed by these localities to the development of cholera within their limits, is a fact which does not exclude transmissibility, but which indicates that certain local conditions, not yet entirely determined, are an obstacle to the development of the disease.

The same immunity, more or less complete, and more or less durable, which the majority of persons in the midst of an infected district enjoy, an immunity which attests the individual resistance to the toxic principle, is a circumstance to which we should attach the highest importance.

In point of view of epidemic development, it is the corrective of transmissibility; and, viewed with regard to prophylaxia, it sets in operation proper means to arrest the ravages of the disease.

Adopted unanimously, except by M.M. Monlau and Pélikan, who declined voting.

Deductions relative to the Generative Principle of Cholera.

XXVIII.—From the facts above established, and which relate to the genesis, the propagation, and the transmissibility of cholera, can we draw any precise conclusion with regard to the generative principle of the disease, or at least with regard to the media which serve as its vehicles or receptacles; with regard to the conditions of its penetration into the organism, the ways by which it passes out, the duration of its morbific activity, in a word, with regard to all its attributes, a knowledge of which is important to guard against it?

In the actual state of science, we can only frame hypotheses as to the generative principle of cholera; we know only that it originates in certain countries of India, and that it dwells there permanently; that this principle is reproduced in man, and accompanies him in his journeyings; that it may also be propagated at a distance, from place to place, by successive regenerations, without ever being reproduced spontaneously outside of man.

Adopted unanimously, except by M. Goodeve, who declined voting.

XXIX.—What are the vehicles of the generative principle of cholera.

Under the name of vehicles, the Commission intends to speak merely of the agents by means of which the morbific principle penetrates the organism. To this question, the facts reply that the air is the principle vehicle of the cholera principle. . . . The action of the cholera miasm is so much the more sure as it operates in a confined atmosphere, and near the focus of emission. . . . It seems that it is with cholera miasm as it is with the miasm of typhus, which rapidly loses its power in the open air, at a short distance from its starting-point.

XXX.—To what distance from a focus of disease can the principle of cholera be transported by the atmosphere?

The surrounding atmosphere is the principal vehicle of the generative agent of cholera; but the transmission of the disease by the atmosphere, in an immense majority of cases, is limited to a space very near to the focus of emission. As for the facts cited of transportation by the atmosphere to the distance of one or more miles, they are not sufficiently conclusive.

Adopted unanimously, except by M. Goodeve, who declined voting.

XXXI.—Independent of the air, what other vehicles are there of the cholera principle?

Water and certain ingesta may also serve as vehicles for the introduction into the organism of the generative principle of cholera.

This granted, it follows, so to speak, necessarily, that the passages by which the toxic agent penetrates into the economy are principally the respiratory passages, and very probably also the digestive canals. As for its penetration by the skin, nothing tends to prove it.

Adopted unanimously.

XXXII.—What are the principal receptacles of the cholera principle?

The matter of the cholera dejections being uncontestedly the principal receptacle of the morbific agent, it follows that every thing which is contaminated by the discharges becomes also a receptacle from which the generative principle of cholera may be disengaged, under the influence of favorable conditions; it follows, also, that the origin of the cholera germ takes place very probably in the digestive canal, to the exclusion, perhaps, of all other parts of the system.

Adopted unanimously.

XXXIII.—What is the duration of the morbific activity of the generative principle of cholera?

It results from the study of facts, that, in the open air the generative principle of cholera loses rapidly its morbific activity, and that this is the rule; but that, under certain particular conditions of confinement, this activity may be preserved for an unlimited period.

Adopted unanimously.

Finally, the Commission adopts the following formula:—

Observation shows that the duration of the choleraic diarrhoea, called premonitory, — which must not be confounded with all the diarrhoeas which exist during the time of cholera, — does not extend beyond a few days.

Facts cited as exceptional do not prove that the cases of diarrhoea prolonged be-

yond that period belong to cholera, and are susceptible of transmitting the disease, when the individual affected has been withdrawn from all cause of contamination.

Adopted by fourteen votes against four, viz., M.M. Gomez, Millingen, Mühlig, and Salvatori: M. Monlau declined voting.

Here end the labors of the Commission, with regard to the origin, the endemic condition, the transmissibility, and the propagation of cholera, and the historic sketch of the march of the epidemic of 1865, made by a sub-committee, of which Dr. Bartoletti was the secretary, before being presented separately to the conference.

With regard to the different questions placed upon the programme, it is to be said, that, by limiting themselves to drawing from facts the consequences which reasonably flow from them, the Commission thinks it has established sure foundations which will enable the conference to pronounce understandingly upon all questions relating to prophylaxis.

Signed by

A. FAUVEL,
Secretary.

The present report, having been discussed and adopted, chapter by chapter, was approved as a whole by all the members of the Commission.

Signed by all the members of the Commission.

CONSTANTINOPLE, May 21, 1866.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

BEFORE the issue of the next number of the "Gazette," this Society will have held its semi-annual meeting. The meeting will take place in Boston on Wednesday, Oct. 10. With a little effort on the part of its members, it may be made both interesting and profitable. Let each one con over his experiences of the last six months, and, selecting his most important case, let him write it out in full, adding thereto his maturest thoughts and observations. Let this be done in a style at once direct and concise, *minus* all flowers of rhetoric and all flights of fancy, and we shall have papers worth reading for the occasion, and worth printing in the columns of the "Gazette" for the fraternity at large. These semi-annual gatherings are always pleasantly social in character; and we presume that, as heretofore, the homœopathic physicians of the State, as well as a considerable number from the neighboring States, will gladly embrace the opportunity for professional intercourse and mutual improvement. *

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.—This Society, which has had its usual recess during the summer months, will resume its semi-monthly sessions on the second Monday of October. These meetings will be held on the second and fourth Monday evenings of each month, at the Dispensary Rooms, No. 3, Tremont Temple. Physicians from out of town, who are not members of the Academy, will be cordially welcomed at its sessions. *

CHILDREN'S DISEASES.—M. ROGER, of the Hôpital des Enfants-Malades, in a clinical lecture on the Diseases of Children, remarked,—

Infantile pathology presents marked differences from the pathology of other periods of life.

1. The newly born child and the infant at the breast have their special diseases,—erysipelas of the umbilicus, scleroma, hydrocephalus; and, a little later, thymic asthma or spasm of the glottis.

2. Some affections, which are rare in adults, are so common in children as to be regarded as peculiar to the first period of existence; for example, convulsions and spasms, hooping-cough, croup, rickets, scrofula, and worms.

3. Then, again, certain diseases which are common at all ages have a special character in the young. Thus, in them we meet with lobular instead of lobar pneumonia; with tubercles generally distributed, instead of localized in the lungs; and with bronchial phthisis, tubercular meningitis, &c.

4. The phenomenal expression of diseases, again, is distinct. The slightest affection in the child may be ushered in with apparently the most serious symptoms. In consequence of the child's highly impressionable nervous system, any inflammation may be attended with spasms, and thus simple laryngitis takes a stridulous or croupy form. Fevers may be attended with convulsions, and any disease may begin with vomiting. The accidents attending dentition, follicular enteritis, or infantile cholera, frequently co-exist with the cerebral type.

5. The diseases of children, on the other hand, are, like those of old age, often latent. In old age, we often find irreparable damage done by disease before its existence is manifested; so likewise do we see tubercular meningitis often begin with trifling ailment. Affections of the heart may increase from day to day, and yet scarcely disturb its function. How often have we had occasion to note the *bruit* characteristic of incurable endocarditis in children who present the appearance of most perfect health. Eruptive fevers and other diseases often appear without any marked prodromata. We have often found, at the autopsy, an extensive empyema, or hepatization of a lung, in cases in which no symptoms of these affections appeared during life.

Hence, then, there are special difficulties to be met in the diagnosis of infantile diseases. But these difficulties have been exaggerated. We must not, as some would have us, look at infantile pathology as a mass of medical enigmas, of which specialists alone possess the key.

More than this, I maintain that there are some cases in which the diagnosis is easier in children than in adults. Thus, for example, suppose hemiplegia suddenly to appear in a child, what is the cause? Cerebral hemorrhage? Very probably not; for apoplexy, common in old age, is exceptional in childhood. Is it softening of the brain? No; for softening of the brain, also a disease of old age, is in the child almost symptomatic of cerebral tumor. Syphilitic exostosis, again? No; for tertiary syphilis is unknown in infancy. And cancerous tumors are most rare. But there is a morbid product which is very common in early life, and frequently developed in the nervous system of the young; and that is tubercle. Other examples might be given to show that in the child the elements of the pathological problem are often more simple and easy of solution than in the adult and in old age.

The progress of infantile diseases is often rapid. In a few hours, fatal changes may be effected. The little patient, therefore, should be frequently visited. Dr. West recommends that, in the practice in large towns, three or four visits a day should be made, and even more. For the most serious cases, the advice is good; and, as for others, the position, critical or other, of the patient, must be considered, and also the purse of our clients. Too many visits are, however, better than too few, both for the patient's sake and your own. Your reserve or delicacy in this particular may be regarded as neglect, if the patient die; whilst, if he recovers, the excess of your visits may be set down to devotion to your duties. This last piece of advice is, believe me, founded on practical experience.

Certain qualities are required in the child's doctor. He should be sagacious, quick of judgment, patient, and gentle. He should have the art of approaching and addressing children, of using their language, and entering their play. He

should be fond of children ; and, if he has any of his own, he will more quickly find his way to the hearts of mothers. He should, as was said of Guersant, and as might be said of M. Blache, have a maternal heart. The physician should always possess the sentiment of compassion for his little patients, so well expressed by Rousseau. "Is there a being in the world more feeble, more wretched, more at the mercy of others, which more demands our pity, than an infant?" The diseases of infancy should appeal to the heart as well as to the skill of the physician.

SUBCUTANEOUS SECTION OF CARBUNCLE.—In June, 1852, Mr. French, surgeon to the St. James's Infirmary, brought before the Medical and Chirurgical Society a plan of treating carbuncle which he had pursued with great success for many years. It consists in the subcutaneous section of the indurated tissue by a tenotomy knife, which is introduced a little beyond the edge of the induration ; and, the forefinger of the left hand serving as a guide upon the surface, the tumor is divided just as a tendon would be cut through. The skin itself is left uninjured. If the carbuncle is large, this process is repeated in different positions, so that the mass is crucially divided subcutaneously. We have seen a large number of cases treated by this method. The immediate relief obtained, and the rapid recovery which follows, are very striking. Every surgeon who has practised the old operation of crucial incision knows that it is necessary to cut deeply enough to divide the hardened base of the carbuncle. Mere division of the skin is useless ; more than this, it is mischievous, for a widely gaping wound is formed, which is often most troublesome to heal, and leaves eventually a very ugly cicatrix. This is entirely avoided by Mr. French's process.

The following is a case of carbuncle in which Mr. Heath pursued this plan with the highly satisfactory result recorded :—

Henry W., aged forty-six years, was admitted July 3, 1865, with a large carbuncle on the back, measuring six inches in diameter each way. This had been coming for ten days, and two days before admission the skin in the centre had given way, exposing a slough ; but the surrounding tissue was greatly swollen and inflamed, and he was suffering great agony.

July 4.—The patient having been placed under chloroform, Mr. Heath made a crucial subcutaneous section of the carbuncle with a narrow bistoury. The knife was entered at the margin of the inflamed skin, carried well beneath the carbuncle, and the point brought up to the central opening, when the whole thickness of the subcutaneous tissues were divided crucially, the knife being entered four times on account of the large diameter of the carbuncle. The hemorrhage was very free, and was checked by a pad, and broad bandage. Low diet ; beef-tea, two pints ; wine, ten ounces. Aromatic spirit of ammonia, half a drachm ; liquor of cinchona, fifteen minims ; water, one ounce : three times a day.

5th.—Passed a good night, the pain being greatly relieved by the incisions. Pad removed. The inflammation has considerably subsided, and a small quantity of pus exudes from each puncture. Poultice.

12th.—Patient's recovery has been uninterrupted. The inflammation has entirely subsided ; the hole in the centre has not increased, and a slough of cellular tissue is now separating.

14th.—Water-dressing to wound, which is quite clean. Full diet. Dilute nitro-hydrochloric acid, twenty minims ; liquor of cinchona, fifteen minims ; water, one ounce : three times a day.

21st.—Convalescent, and on the 25th he was discharged cured.

The same principle has been lately adopted by Mr. Shaw, at the Middlesex Hospital, in some cases of large and exceedingly painful syphilitic nodes upon the tibia. These swellings are sometimes so hard as to give the idea of osseous growths ; but they will generally be found to consist of thickened periosteum, rendered extremely tense by a semi-liquid effusion under it. The pain experienced is intimately connected with this tension. The section of the swelling by

a tenotomy knife, introduced under the skin and made to cut downwards towards the bone, produces very rapid relief to the suffering; and the disease itself is not rendered thereby less amenable to the curative influence of iodide of potassium, which generally acts so favorably in such cases.—*Lancet.*

MODIFICATION IN CANQUOIN'S CAUSTIC PASTE.—This valuable caustic would be still more employed were its application not somewhat difficult; and one of M. Demarquay's pupils has contrived a modification in its composition which renders its application very easy and effectual. The paste thus formed consists of chloride of zinc ten, flour twenty, and glycerine four parts. So prepared, it can be applied to the part to be destroyed with great facility, however varied this may be in shape or direction, and can as easily be washed away. M. Demarquay has frequently employed it, and finds the paste thus prepared with glycerine instead of water far preferable, both with respect to its application and the results.—*Med. Times and Gazette.*

EFFICACY OF LEMON-JUICE IN DIPHTHERIA.—Lemon-juice has for some time been recommended in the treatment of diphtheria. M. Guersant was in the habit of prescribing to his patients slices of lemon to be kept in the mouth, and frequently renewed; but this was only an auxiliary measure, being used together with cauterizations and astringent injections. But in a paper presented to the Academy of Medicine last June, Dr. Révillout contends that lemon-juice is one of the most efficacious medicines which can be applied to diphtheria; and he relates, that, when he was a dresser, his own life was saved by its timely application. He employed three dozen lemons, and gargled his throat with the juice, swallowing a little at the same time, in order to act on the more deep-seated parts. The results were, that the false membranes were detached, the glandular enlargement decreased, and recovery soon followed. M. Révillout has noted eleven cases of entire success attained by this method of treatment. In one of his cases, which may probably be regarded as a type of the others, he prescribed as a gargle the juice of four lemons every hour; and the patient was directed to swallow a portion, so as to modify the condition of the pharynx and cesophagus. The effects were to detach the diphtheritic exudations, and to reduce the glandular enlargements and the swelling of the face; and, in twenty-four hours after the commencement of the treatment, all appearance of diphtheria was removed.—*Journal de Médecine et de Chirurgie Pratiques.*

NEW ANÆSTHETIC MIXTURE.—M. Baker Brown jr., exhibited to the Obstetrical Society of London (Oct. 4) a preparation of two parts of chloroform with one of alcohol, to which the distilled essence of Eau de Cologne had been added, which he had found to allay the pain of labor without complete anaesthesia, and recited cases in which it had been used.—*Med. Times and Gazette.*

BOOKS AND PAMPHLETS RECEIVED.—N. A. Journal of Homœopathy, No. 57; Hahnemannian Monthly, Vol. II. No. 1; Am. Hom. Observer, Vol. III. No. 8; Seventh Annual Announcement of the Hahnemann Med. College, Chicago; Excision of the Superior Maxilla, by William R. Whitehead, M.D.; Medical Investigator, Vol. III. No. 10; The New-York Citizen, Vol. II. No. 97; Seventeenth Annual Announcement of the Cleveland Homœopathic College; Home Papers, Vol. I. No. 2; Epidemic Cholera, by John F. Geary, M.D.; Annual Circular of Bellevue Hospital Med. College, 1866-67; Boston Medical and Surgical Journal, Vol. LXXV. Nos. 1, 2, 3, 4.

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[VOL. I.

MISINTERPRETATIONS.

BY DR. C. HERING, PHILADELPHIA.

DR. DRYSDALE, "British Journal" No. 96, page 237, says a particular section among us claims to be the only true disciples of Hahnemann; and that this section is understood to believe in certain other principles in connection with the proposition, that the covering of the totality of the symptoms, even to the minutest degree, is the *ultima ratio* in homœopathic practice. These principles are as follows: *a.* The extreme minuteness of the dose, even to the very high potencies; *b.* Neglect or mistrust of pathology; *c.* Absolute faith in the written word of the *materia medica*; *d.* The prohibition of alternation.

Dr. Drysdale protests against this. While he entertains the conviction of the high importance of the above-named rule of covering the totality, &c., he is of entirely different opinion from those of this section regarding the other points. He proceeds to illustrate his position by saying, that the belief in the paramount importance of the rule (of covering the totality, &c.) is quite compatible with the use of low dilutions, with alternation of remedies, with the application of pathological knowledge, and with an extreme desire for revision and purification of the *materia medica*.

All of these propositions are misrepresentations or misinterpretations. It is not always worth while to disprove such

statements ; but it becomes a duty when we find them advocated by a man of importance like Dr. Drysdale, who is so far in advance of so great a number of others in this, that he not only acts with great zeal and sincerity in the promotion of the cause, but that he has also honestly confessed : "We cure less frequently than the earlier homœopathists." 1859: "Our success is inferior to theirs ; our practical gain is inferior to theirs."

What a gulf is there between an honorable confession, like this, and the misrepresentations of others who so flippantly resort to the use of the epithet "infallible!" — a thoroughly untrue expression as applied to medicine.

But one more step must be taken, — a step scarcely to be anticipated, but one we will not consider altogether impossible, and, at all events, not to be omitted in our defence of Hahnemann. This step would be to acknowledge that not only the earlier homœopathists were more successful in curing with a less perfect *materia medica*, but also that the still living homœopathists, our contemporaries, and many young men among them, are more successful in curing, because they exert themselves to follow the directions of Hahnemann with exactness ; and that in fact these are more successful the more exactly they obey those directions.

Dr. Drysdale is a man of great merit, and perhaps one of his greatest merits is his significant and very distinct manner of expressing himself. It is truly refreshing to meet such an opponent, who, being brimful of neither ignorance nor assumption, finds it unnecessary to intrench himself behind a mass of pompous phrases. The errors of the above-named sentences need only to be proved, and he will discard them.

These sentences are, in fact, altogether untrue, *just as they stand*, although they have been repeated so often that the multitude have come to regard them as pure coin.

It is not true that there is a "section" among us pretending to be the only true disciples of Hahnemann, but the sentence should read thus : *There are some who exert themselves to follow Hahnemann's directions more closely than others choose to do.*

Dr. Drysdale is not one of those who are unable to comprehend at once the difference.

But in addition we will merely point to *Schopenhauer's Eristic* (V. *Frauenstädt* on A. Schopenhauer's posthumous writings). A translation of the same, with practical applications and marginal illustrations appertaining to homœopathy, is in preparation. Many things are discussed therein, and perhaps also this topic. But one so thoroughly versed in the German language as Dr. Drysdale need not await the translation. In case the above book should not be at hand, he may take up *Schopenhauer's Parerga*. In the second volume of the second edition, page 25 and the following, he will find a great deal bearing directly on this subject, and also the golden words: "*A controversy may become very fruitful, because it corrects or confirms the ideas, and also calls forth new ones.*"

It appears like intentional misinterpretation to say that the followers of the above-named section, as a matter of principle, base their creed on the extreme minuteness of the dose, and even the high potencies. It should read thus: Those who strive faithfully to imitate Hahnemann, like him come to the conviction that potencies are capable of producing more cures; and some go so far as to use high potencies. This, again, is something very different.

When Dr. Drysdale and others will actually try to cover the totality of symptoms down to the minutest detail, they can also arrive at the same conclusions. Such will be the necessary consequence. The keystone of Dr. Eidlherr's reports was, that the higher the potency had been, the more rapid had been the cure, and particularly of symptoms *the material nature of which had been previously demonstrated*. This also confirms Hahnemann's course.

It is not true that homœopathists "employing potencies" neglect pathology, or that they mistrust the same. Among the founders of the school of homœopathy dissenting from Hahnemann, there were those men exceedingly ignorant of pathology; for instance, Rau, Grieselich, and others. Staph, on the other hand, conducted all his records of cases strictly according to the pathology of his time. It would be absolutely

false to declare that the boundary between those using higher and those using the lower dilutions also separates homœopaths with pathological knowledge from those without it, nor does Dr. Drysdale intend such an inference; but in that case he should not say, without adducing proofs, that they neglect pathology as a party. It is quite true, that here, as well as elsewhere, some attach more and others less importance to pathology with regard to the choice of remedies. It is possible that a certain degree of neglect may sometimes exist in regard to pathology; but the misrepresentation consists in this, viz., that a possibility is mistaken for a reality. He should have said, rather, that want of appreciation of pathology in the selection of remedies leads some men to the neglect of that science: that would be more to the point.

But little need be said concerning the want of confidence in pathology; for that has reference only to the vagueness of pathological speculations, to which Hahnemann alluded in 1810, and Grauvogl in 1866. Hahnemann contended against the pathological nonsense of his time, which has now become obsolete, while Grauvogl condemns the nonsense prevailing at the present day; but such opposition should not be called "want of confidence." In a letter to myself at Allentown, 1835, Hahnemann expresses himself as follows: "Inasmuch as pathology is really a natural science, it is not only proper, but absolutely necessary, that it be taught." This letter has been mislaid, but it is preserved, and in the course of time will be published.

It is a pure fabrication to say that the followers of Hahnemann had absolute faith in the written word of the *materia medica*. But the accusation has merely crept about in the journals, *intra muros*, since 1830, and was originally stolen from the opponents *extra muros*. Has not M. Gross, years ago, expressed his opinion on the subject, at the same time proving the existence of false and misplaced symptoms? On the contrary, the opposite of the above assertion has always been maintained: Hahnemann himself, and all of his followers, have never had *absolute faith* in a single symptom, great or small; they always spoke of *possibility*, of a greater or less

degree of *probability*. Every one must be a witness of this who has grown up in the school: nothing was ever "believed absolutely" until cases reported again and again had established the reliability and the growing value of the symptoms. It is not so-called "faith," but rather absolute knowledge, approaching mathematical accuracy, which characterized, and again and again corroborated, day by day, these symptoms.

We now come to the fourth and last accusation, the prohibition of alternation. Since when, pray, is the significance of derision or ridicule the same as that of prohibition? And what is meant in truth by alternation? It means that we may administer a remedy to a patient, and that, after a change of symptoms, we may use another remedy, which, as a matter of course, is also well suited to the case; and, if the first remedy should be again indicated, it may be given again, and so on.

Hahnemann himself speaks of the alternation of medicines about a dozen times in his works. The writer has been quite undeservedly honored by the quotation of an ancient epistolatory communication, as well as by that of his "Domestic Physician." How have these two, if we may be allowed to ask, prohibited alternation? The whole process is explained in accordance with "*Eristics*;" an obnoxious word is put in the place of the proper one; that is the way in which the word "prohibition" was chiefly used. We need only refer to § 169 of Hahnemann's "Organon," where he says: "It is not advisable to make use of the other medicine without examinations." Does that look like "prohibition"? But how is it with the logic of those alternators? It need not be mentioned, any more than the *ultima ratio*. It is asserted that the totality of symptoms, even to the minutest degree, must *always* be the *ultima ratio*. And then it is said that we on this side of the water would prohibit alternation! while those on the other side find it "quite compatible with the use of low dilutions and with regulated alternation." Regulated? by what? By the totality of symptoms, even to the minutest degree? How can that be shown *a priori* in alternating? Here the *ultima ratio* becomes the *ultima Thule*, where logic is lost sight of.

Perhaps the much-beloved new-fashioned logic of events will come to the rescue, although it is a philosophical monstrosity. . . . Perhaps, too, Herrmann Gross will deliver us with the minuteness of his *Materia Medica Comparativa*. An admirer of the *ultima ratio* will certainly feel his hair stand on end when he comes to that work, and finds his waltz-dancing remedies *compared* by couples! Perhaps, also, one alternation will antidote the other. Till then we must protest against alternation without examination; but we will accept alternation after due examination, that is to say, not "unseen," as Hahnemann says. To attempt prohibition has never entered anybody's mind, but we are much more inclined to practice toleration; and that is what we wished to discuss.

CASES OF DYSENTERY.

BY CONRAD WESSELHŒFT, M.D., DORCHESTER, MASS.

CASE I.—W. S. W. Saw the patient, for the first time, July 5. The first symptoms occurred while driving on the Sunday previous,—a feeling of distress in the abdomen. Having some appetite, he indulged in a hearty dinner, and took a long walk afterwards, hoping thereby to dispel his chilliness; but was obliged to return home, where he soon had copious evacuations, showing blood and mucus, accompanied by violent colic, rapid pulse, white-coated tongue, and thirst. At the time of my visit, he had a discharge every fifteen to thirty minutes, consisting of bloody, flacculent, odorless matter, each discharge preceded by intense colic. Constant soreness and bruised feeling of the abdomen, increased by the slightest motion and touch of the hand. I prescribed Bry. 6 in water every two hours, and sitz bath to be repeated every hour or oftener.

July 6.—Patient has a stool every half-hour in the daytime; though the night was passed more quietly, pain still intense. Prescribed Merc. cor. 6 in water.

July 7.—Since yesterday, there is a discharge every two or

three hours, still bloody. Appetite good; pulse slow and soft; and the pain has ceased.

July 8.—Patient sitting up. Had only three discharges since yesterday.

CASE II.—M. S., a little girl two years old, has been unwell for some days, and has now frequent green, slimy discharges every hour or so, with bad odor, and apparently considerable griping pain. Prescribed, Aug. 3, Cham. 30 in water. Visited at 6 P.M. of the same day, and found the discharges quite as frequent and bloody, with much tenesmus; discharges consisting of green, slimy mucus, streaked with blood. Prescribed Merc. sol. 30 every three hours.

Aug. 4.—Mother reports the child much better. She had several less painful discharges through the day yesterday; perfectly quiet night, and only one discharge this morning. Tach. lact.

P.M.—Several discharges tinged with blood; no other medicine.

Aug. 5.—Child had one or more discharges of normal fecal matter.

Aug. 6.—Doing well; no medicine.

CASE III.—Aug. 3. Mr. E., aged between fifty and sixty, hair dark, spare habit, had the first symptoms of dysentery yesterday; he has great febrile excitement, with thirst; tongue coated white; every half-hour, discharges consisting of a little intestinal mucus mixed with blood and white substance like scrapings from the intestine; the paroxysms of colic appeared very severe, each being followed by a discharge accompanied by much tenesmus. In view of the predominant febrile symptoms, I prescribed Aconite 30 in water, to be taken every hour.

Aug. 4.—No more febrile heat; less pain during the night, but frequent bloody discharges. Prescribed Merc. cor. 6, three doses, one to be taken every six hours.

Aug. 5.—No marked improvement; Merc. cor. 6 in water every two hours.

Aug. 6.—Discharges still frequent; but pain considerably less; continued Merc. cor. 6, and ordered sitz baths of 80° F.

Aug. 7.—Neglected to make a memorandum of patient's condition; but prescribed Merc. sol. 30, four doses, one every night and morning.

Aug. 9.—Doing well; no medicine.

CASE IV.—Mrs. J. I saw the patient Aug. 7. She is about fifty years old; has white hair and pale complexion. She was attacked during catamenia by colic, diarrhœa, and high febrile excitement; discharges brown. Prescribed Acon. and Puls. 30 in water, to be given alternately.

Aug. 8.—Had four brown discharges tinged with blood in the night; high fever in paroxysms; little thirst; colic and *marked prostration*. Prescribed China 30, three doses, one every six hours.

Aug. 9.—Only two normal discharges this morning. Prescribed China, three doses, one in eight hours.

Aug. 10.—Doing well; no medicine.

CASE V.—Aug. 8. Visited a child of Mr. C., a girl about two years old: it was late in the evening; the child was very drowsy; looked pale; pulse weak. Child has green, discolored discharges, slightly tinged with blood. Disease commenced about two days ago. Prescribed Merc. sol. 30, six powders, one every two hours.

Aug. 9.—The child lies in a soporific condition; appears unconscious of pain; very frequent green, watery discharges, slightly tinged with blood; nausea, retching, and much thirst. Continued Merc. sol.

Aug. 10.—Discharges less frequent, and consisting only of a little discolored water; the skin cold; eyes sunken; grasps eagerly at the tumbler, but drinks only a few drops. Prescribed Ars. 6. The child died at four o'clock that afternoon.

CASE VI.—Mrs. W—r. Felt first symptoms of dysentery, Aug. 11. Had been troubled by derangement of the stomach for some weeks before. The patient is about thirty years old; is inclined to gastro-enteritic affections, and had a severe attack of dysentery last year about the same time. The discharges are accompanied by colic and griping pain, and occur every thirty minutes to an hour: they are brown, and streaked with blood, showing fecal matter, and consider-

able tenesmus is present. The fever is not marked ; tongue coated ; thirst not great. Prescribed Merc. cor. 200, three doses, one every six hours.

Aug. 12. — Patient has decidedly fewer discharges ; but the colic returns in the night with rumbling, and bitter taste in the mouth : the colic is not invariably followed by a discharge. Prescribed Merc. cor. 200, two doses, one every eight hours.

Aug. 13. — General change in symptoms ; there is now dull, pressing, abdominal pain. She had five or six discharges yesterday afternoon, none in the night, some this morning, still tinged with blood ; complains of feeling of emptiness in the stomach. Prescribed China 6 in water, every three hours.

Aug. 14. — Had a similar return of enteritic pain during the night, but more burning and pinching. The attack lasted several hours, and rendered the night very tedious. Prescribed China as before, and one dose of a few pellets of Ars. 200, to be taken if the attack returned, and before it became violent.

Aug. 15. — During the ensuing twenty-four hours, the patient had a few diarrhoea-like discharges of liquid fecal matter tinged with blood. At about the usual hour, the abdominal pain began to make itself known ; patient took the Ars. powder, and very soon after fell asleep. Asking her how soon after the powder she felt relieved, her reply was "Almost immediately." Prescribed Ars. 200.

Aug. 16. — She has had no return of pain and only one discharge. Prescribed Lach. lact.

Aug. 18. — Patient much better ; complains only of soreness in the abdomen, and bloated feeling, as if from accumulation of wind. Prescribed Lach. three doses, one every six hours.

Aug. 20. — Doing well. No medicine.

It is to be remarked here, that the preceding case was not one of simple dysentery ; but there was evidence of an affection of the small intestine, which might be inferred from the tendency of the patient to disorders of this kind, if from no special manifestation of the attack above described.

CASE VII.—Mrs. B., a lady of about fifty, tall and spare, subject to rheumatic and abdominal affections, was attacked on the 19th of August with colic and diarrhœa, for which she took Colocynth without effect. I saw her first Aug. 20; found her suffering from bloody discharges, which had already assumed the characteristic appearance of dysentery; colic and tenesmus were marked, each attack being followed by a stool; there is no active fever nor thirst. Prescribed Merc. cor., three doses, one every six hours.

Aug. 21.—The attacks of pain recur with regularity about once an hour; there are frequent small discharges of yellow mucus; there is sensitiveness of abdomen, with dread of pressure from clothes, etc. Prescribed Lach. 200, three doses, one every six hours.

Aug. 22.—Discharges are still quite frequent, but are composed principally of fecal matter of normal odor and color. Prescribed Sach. lact.

Aug. 23.—Less pain and fewer discharges, but still marked by blood and epithelial scrapings. Prescribed Canth. 200, three doses, one every night and morning.

Aug. 25.—Marked improvement; discharges have ceased entirely; feels quite weak. No medicine.

Aug. 27.—Improvement still continues; but the patient recovers strength very slowly, being habitually feeble, and weakened by protracted sicknesses during the last seven years.

CASE VIII.—Mrs. K., about forty years old, a stout brunette, mother of seven children, having just lost a child by dysentery while absent from home, returned much careworn, and was attacked by symptoms of dysentery on the 30th of August. Feels chilly; has frequent pain in the bowels and mucous discharges with tenesmus, but is able to sit up. Prescribed Merc. cor. 200, three doses, one every six hours.

Aug. 31.—Discharges continue to be tinged with blood. Same prescription.

Sept. 1.—Patient continues about the same. Prescribed Merc. cor. 6 in water, every three hours.

Sept. 2.—Much better. Discharges few and natural, without blood or pain. Same medicine at longer intervals.

Sept. 3.—Doing well. No more medicine.

CASE IX. — Mrs. H., a lady of about fifty, fair complexion, tall and lean, of nervous temperament, was attacked nearly a week ago with diarrhoea and colic, but did nothing for it until Sept. 7, when I first saw her. She now had eight or ten bloody mucous discharges daily, with colic and tenesmus, differing in no particular respect from the previous cases. Prescribed Merc. cor. 200, three doses, one to be taken every three hours.

Sept. 8. — Patient is much better; she had no more pain after taking two doses, and had but three stools since yesterday evening. Prescribed Sach. lact.

Sept. 10. — Is improving; has still slight diarrhoea, but with absence of dysenteric appearance. Same prescription, after which the patient recovered.

CASE X. — Mrs. P. was attacked by dysenteric symptoms yesterday. I saw her first Sept. 9. Patient is a lady of small frame, spare habit, very gentle disposition, has had five children in rapid succession. Suffered at the time of my visit with frequent small, slimy discharges, with severe straining and colic: there was marked febrile excitement. Had taken magnesia, ginger, and rhubarb, in form of allopathic domestic remedies. Prescribed Merc. cor. 200, three doses, one to be taken every three hours.

Sept. 10. — The patient is better, having very little pain; discharges diminished gradually; has had only two small greenish discharges since six o'clock, A.M. Prescription continued.

Sept. 11. — Had in all but five discharges during the last twenty-four hours, without pain. She had more than double that number during the twenty-four hours before improvement began. Prescribed Merc. cor., two doses, one every six hours.

Sept. 13. — Feels very weak; dysenteric character of discharges has disappeared, but she had an occasional loose brown discharge. Three doses of Puls. 200 relieved that, so that she was able to go out in three days.

CASE XI. — Sept. 20. Infant of Mrs. P., about a year old, has green, slimy discharges, slightly bloody, with much pain at

stool, indicated by crying and signs of distress. The fever was slight. Prescribed Merc. cor., three doses.

Sept. 21.—Child has still some pain, and small, slimy discharges, with occasional vomiting. Prescribed Merc. cor. and Nux vom., of each two doses, in alternation, every three hours.

Sept. 22.—The child has vomited again; discharges are partly streaked with blood, with some fecal matter. Prescribed Merc. sol. 30, six powders, one every three hours.

Sept. 23.—The child is decidedly better; very few stools. No medicine.

Sept. 25.—Doing well. No medicine.

CASE XII.—Oct. 3. A. W., a little girl four years old, was suddenly seized, a few hours ago, with fever and frequent discharges consisting only of mucus and bright-red blood, but without marked pain, while the discharges occur every twenty to thirty minutes. Prescribed Acon. 6 in water.

Oct. 4.—Has still frequent bloody discharges, more green, and with more straining. Pulse now quiet; and child is playing about the room. Prescribed Merc. cor., three doses.

Oct. 5.—Child has still frequent discharges, green and containing epithelial debris without pain. Prescribed Merc. cor. 6 in water, every three hours.

I made this prescription in accordance with the statement of the child's mother, who was much agitated on account of severe sore throat; but I learned from another person, on leaving the house, that the child had actually fewer discharges during the night, some of which were without blood, and of normal odor; but I left the prescription as above.

Oct. 6.—Soon after the medicine yesterday, the child had more frequent discharges, accompanied by pain for the first time since she was sick; but improved in the afternoon, and had only one stool since eight o'clock, P. M.

Oct. 7.—Child much better; no stools in the night, slept well, but had some slimy stools in the morning. No medicine. The child recovered rapidly from this time.

Tabular Statement of Cases of Dysentery occurring through the Year.

NO.	SEX.	AGE.	Commence- ment of Treatment.	Duration before Treatment.	Days under Treatment.	Nature as to Severity.	RESULT.	MEDICINES.
1	M.	29	July 5.	3	3	Severe.	Recovered.	Merc. cor. (6).
2	F.	2	Aug. 3.	3-4	3	Severe.	Recovered.	Merc. sol. (30).
3	M.	50-60	Aug. 3.	1	4	Severe.	Recovered.	Merc. cor. (6).
4	F.	50	Aug. 7.		3		Recovered.	Puls., China.
5	F.	2	Aug. 8.	2	3	Severe.	Fatal.	Merc. sol., Ars. (6).
6	F.	30	Aug. 11.		7	Severe.	Recovered.	Merc. cor. (200).
7	F.	50	Aug. 20.	1	8	Severe.	Recovered.	Merc. cor. (200), Cant. (200).
8	F.	40	Aug. 30.		4		Recovered.	Merc. cor. (200), Merc. 6.
9	F.	50	Sept. 7.	5-6	4	Severe.	Recovered.	Merc. cor. (200).
10	F.	35-40	Sept. 9.	1	5	Severe.	Recovered.	Merc. cor. (200), Puls.
11	F.	1	Sept. 20.		3	Severe.	Recovered.	Merc. cor. (200) and Merc. sol. (30.)
12	F.	4	Oct. 3.		5		Recovered.	Merc. cor. (200) and (6).

Average number of days under treatment, 4½.

The nature of epidemic dysentery, though perhaps not properly understood, appears to be regarded as differing from other of its kindred forms; otherwise, every case of simple inflammation of the colon or rectum would constitute dysentery. But the occurrence of isolated cases at unusual seasons and under unusual circumstances forms such strong exceptions to the rule, that the question arises whether dysentery is a distinct type of disease, or belongs to numerous other forms of disease having general characteristics in common with it. It is certain that dysentery appears in its most involved and numerous modifications in warm and marshy regions, abounding in what are called miasmatic diseases, such as intermittents and typhoids; the latter type stamping itself mostly on cases of febrile disease occurring in those regions, leading to the inference that dysentery is one of their order, particularly when its epidemic and endemic, its contagious and adynamic, nature is considered.

It appears to me, that, besides its relation to typhoids, to

intermittents, through its miasmatic nature, there is another characteristic of dysentery, which, though sufficiently noticed by authors, may still be useful as a means of classification as well as for a therapeutic indication,—I mean the decided tendency in epidemic dysentery to the formation of pseudo membranes, forming a stepping-stone, if not a bridge, into the region of diphtheritic types.

The formation of false membranes does not, in its widest sense, constitute a typical peculiarity ; but if it can be narrowed down to, and considered in connection with, that type of diseases, which, with a distinct adynamic character, locate themselves on the mucous surfaces of the organism, we have a new boundary within which we can look about us.

The term “diphtheritis” means literally an inflammation of the spine; but, since Bretonneau’s time, this appellation is applied to diseased action followed by the formation of false membrane, not only on the fauces and larynx, but is more widely used to denote the same process on other mucous surfaces.

In reviewing these diphtheritic affections, so extensively brought to our notice since the so-called diphtheria commenced its ravages throughout this country, we find that they bear certain characteristic features in common : Firstly, they all are epidemic, and, as usual with this form of disease, produced by wandering, subtle agencies, and, in by far the majority of instances, not traceable to such palpable causes as “colds,” “improper diet,” etc.; and secondly, they are, as a general thing, of that adynamic nature which renders their treatment extremely difficult. It appears to me that a distinction is admissible between adynamic and typhoid affections : the former implying simply a want of power to re-act, without the loss of mental faculties ; while the latter denotes stupor, which in its turn signifies a depression of the cerebral functions, and also delirium, heat, vascular excitement, and dryness of ordinarily moist surfaces.

Now, it seems to me, that dysentery can, with propriety, be classed with these diphtheritic affections, for the following reasons :—

In a marked case of dysentery, we find already at the end of six or eight hours, but oftener after twenty-four hours, that the discharges become small, and contain white, flaky particles suspended in green slime or in clear, bloody, gelatinous mucus, with the appearance of which we are all familiar. It is well known that these flakes originate on the mucous surface of the large intestine, which, in severe cases, is covered with grayish or dirty-red exudations, forming layers and patches, which are gelatinous, and can only be stripped off with the underlying mucous membrane. Here, then, we have the exuded false membrane, which I should have said occurs also in the catarrhal or white variety of dysentery. Membranous exudations are noticed in most cases of severe inflammations of the small intestine; but they are thinner and much less prominent than the thick, dirty, gelatinous exudation of the diphtheritic type of diseases to which dysentery belongs.

That dysentery, like diphtheritis membranacea, is epidemic, is undoubtedly true; and that, during an epidemic, it is infectious is not a matter of doubt. In these respects, these diseases present certainly a strong resemblance; as to the marked adynamic character of dysentery, there are some doubts in my mind how to contrast it readily with the diphtheritic type of disease. There is a marked difference in their curability and the general length of time of convalescence, though these must not necessarily be regarded as essential differences. The diversity of portions of the body affected may modify the type considerably, the constant and severe pain of dysentery may make it run a different course from the painless diphtheritic affection of the fauces. On the other hand, who has not seen cases of dysentery accompanied by a state of depression and apathy which no remedy would arouse, while the patient's mind was clear enough; and who has not met cases of so-called diphtheria, where the patient was no more depressed than would naturally be the case in any other acute affection? Be that as it may, I am inclined to think that the tendency to the formation of the peculiar diphtheritic membrane is the chief mark of the type; while the depression, or want of vitality, may vary from various

causes, just as we know the appearance of the pseudo membrane to vary in color and consistency, according to age and constitution of the patient.

I have here prepared a statement of all cases of dysentery treated by me during the year, and have arranged them in a tabular form, which gives the following result:—

Of twelve patients treated, only two were males.

One case came in July, seven in August, three in September, and only one in October so far.

The average number of days under treatment was $4\frac{1}{2}$.

The principal remedy was Merc. cor. In five cases, no other remedy was used. In two cases, Merc. cor. was given in the 200th potency, and followed by almost immediate improvement.

In five cases, the 200th was used, and was followed by relief; but other remedies were used to complete the cure, such as Ars., Canth., Puls., Merc. sol.

In two cases, Merc. cor. 6 was the only remedy.

In one case, Puls. or China cured.

Following Dr. F. Hartmann, I used to give Aconite in every case of dysentery characterized by high pulse and heat; but have never, with one or two exceptions, seen any benefit from it. If there is any specific for dysentery, sublimate is certainly the remedy; though, if we individualize, we shall find other medicines useful, such as Cantharides where the epithelial scrapings are marked, and not accompanied by much gelatinous mucus. Colchicum would be a useful remedy where there is much white mucus. Besides these, there is a host of other remedies, the characteristics of which are admirably given in the works of Dr. Baehr of Hanover, and the book of Dr. J. Kafka of Prague.

BROMINE IN DISEASE OF THE HEART.

BY DAVID THAYER, M. D., BOSTON.

ON the 24th of February, 1861, I was called to see the little daughter of Mr. T., aged four years. During the month of January previous, she had suffered for two or three weeks with a fever.

The occasion of my being called was the discovery, on the part of the parents, of an extraordinary sound in the region of the heart, which had never been noticed before.

On examining the patient, I found her excessively nervous, emaciated, easily agitated, shoulders elevated as in great fear, frequent pulse, and laborious action of the heart,—with the *bruit de soufflet*, or bellows murmur, and a peculiar sound following each diastole. There were frequent eructations, pulse 132, face pale, and alternate flashes of heat and cold. This over-action of the heart readily suggested Digitalis, which I gave in about the 3d dilution.

On the next day, the 25th, I found no improvement, except that the peculiar *bruit* after each diastole was less. Continue Digitalis.

Feb. 26.—No better; pulse 136. Arsenicum 4th dil. every three hours.

Feb. 28.—No better; pulse 128. The palpitation is about the same. Brom. 6.

March 2.—Better; pulse 128. The palpitation is perceptibly improved. Brom. 6th dil. every five hours.

March 5.—Brom. 6 every three hours.

March 9.—Better; pulse 120. The abnormal sounds are slightly diminished. Brom. 6 every six hours.

March 12.—Better. Continue Brom. 6.

March 20.—The abnormal sounds of heart are so much diminished, that I ordered the discontinuance of medicine for the present.

March 28.—Face pale. The *bruit de soufflet* continues; cold feet, which begin to get warm at the toes; sleeps well. Brom. 6 every third day.

March 31.—She took one dose of Brom. 6.

April 6.—The general health is considerably improved; but the abnormal sounds of the heart are nearly the same. The shoulders are less elevated, and the feet and hands are quite warm. No medicine.

April 12.—She took one dose Brom. 7.

April 14.—*Bruit de soufflet* is less; urine deposits a pink-colored sediment. Feverishness supervenes sometimes, pulse

120, appetite poor, diarrhœa. For the diarrhœa, I gave a few doses of Arsenicum, and ordered the Bromine to be given when deemed necessary.

April 18.—Better. No medicine.

April 26.—Has had fever for a day or two since last visit. The heart-sounds are better. I directed one dose of Brom. 6 to be administered at night.

May 4.—Better. No medicine.

May 9.—Took one dose of Brom. 7 to-night; and I prescribed no more till an aggravation should ensue, or until the medicine should cease to act.

May 18.—No medicine.

Dec. 1.—Measles. Acon. 6, Puls. 6.

May 19, 1862.—Still continues to be better. All the symptoms have gradually disappeared, except the *bruit de soufflet*, which is only perceptible by close attention. I ordered Brom. 8 once in three or four weeks, according as necessity may arise.

May 21.—Having been exposed to scarlatina, I gave Belladonna as prophylactic.

Oct. 14, 1863.—I called a few days ago, and found the little patient in good health, and without the slightest abnormal sound at the heart.

A CASE OF GONORRHœA, TREATED WITH
CANNABIS 200.

BY H. M. HUNTER, M.D., ST. JOHNSBURY, VT.

A YOUNG unmarried woman contracted gonorrhœa, for which she received allopathic treatment during about three weeks; but, getting worse all the while, she applied to me. She complained of a great deal of burning, smarting pain; the parts were considerably swollen; and there was scanty, high-colored urine, with frequent desire to urinate, which greatly increased her sufferings.

I gave Cannabis 200, a powder every six hours; and in five days she was entirely well.

The New-England Medical Gazette.

BOSTON, OCTOBER 15, 1866.

THERE was published in the "Boston Medical and Surgical Journal," a few weeks since, an account of two cases of "putrescent sore throat," attended by Dr. Cotting, of Roxbury. They were of that "formidable and imminently threatening character which seems to put at defiance all the resources of art." Notwithstanding this threatening character, they were treated in a most extraordinarily simple manner, and treated successfully too. The diseases in question were what, as the author suggests, would usually be termed Diphtheria.

We give, in the language of the writer, his detail of the symptoms of the two cases and his method of treatment:—

"These two cases were in young adults, from twenty to twenty-five years old, and were very similar in their character, progress, and termination. After a day or two of bearable soreness of the fauces, attended with a mild, hoarse cough, an overwhelming sensation of sickness and debility followed, accompanied by imperfect rigor and general tremulousness. The patients, unable to sit up, betook themselves to bed. The soreness, stiffness, puffy swelling of the throat, rapidly increased. Dusky patches appeared in different parts of the throat; and the whole fauces, tongue, and palate were coated with a dirty-whitish covering. In twenty-four hours more, the voice was completely lost, the patients not being able to articulate even in a whisper. Breathing became painful and difficult, so much so as to suggest the advisability of tracheotomy. The coating of the parts early becoming putrescent, the breath was at times intolerably offensive, and filled the room with its odor. Swallowing was now almost impossible. Excoriations occurred on the lips and face, apparently from the secretions of the mouth and nose. Petechial spots appeared on various parts of the body. The constitutional symptoms were severe and threatening. On the third day of the full deposit, the coating began to separate in fragments, and soon came off in quantity,—a somewhat coherent incrustation, not a membrane, and not altogether without intermingled blood,—expelled at times by great and almost incontrollable efforts; leaving the parts, as far as could be seen (for exploration was not easy), of a dusky-red, unevenly seared, and deadened hue. A few days later, some equivocal indications of recent ulcerations were noticeable.

"The voice gradually returned; and, at the end of ten days, convalescence was completely established.

"Surely such cases, if any, appear from the first to require active interference; and these seem to demand it. Yet, believing that the disease could not be shortened or changed in character, but might be greatly aggravated by harsh measures, emetics, drastics, blisters, and the like, the swabbing with nitrate of silver, &c., or the attempt to detach the coating of the fauces by spatulae or other instruments (to say nothing of the difficulties attending these procedures); and, further, believing such management unphilosophical, not in accordance with nature's indications, and contrary to the principles on which an accessible external inflammation or its effects would be treated,—we took, as in other previous instances, a very different course.

"The patients were put in the most comfortable positions in bed; much of the time semi-recumbent. An acceptable warmth was constantly maintained. Liquid nourishment, broth or milk, was directed, though very little of either was taken, from difficulty in swallowing. The bowels were kept open by enemata; and beef-tea was administered in this way, in the severest part of the sickness. Externally, the throat was entirely covered up to the ears with light, evenly adjusted cotton-batting dry; and, from an extemporized apparatus (a teapot and a paper tube), a continuous current of vapor of herb-tea was made to pass constantly over the affected parts, by inhaling through the mouth and expiring by the nares. The herbs used were sumac-berries and sage; and they were renewed every thirty or forty minutes for more than three days. There was no difficulty in keeping up the process, as the patients clung to it as their chief source of comfort, demanding it whenever omitted for any considerable time. It should be mentioned, also, that an anodyne for the night (a fluid drachm of the officinal solution of morphia) was suggested, but taken only twice or three times, and then only imperfectly, from inability to swallow it; and also, that, on the separation and expulsion of the coating (in one case, entirely accomplished in a night-time), pleasant gargles, or washes rather, of very weak sumac-berry tea were occasionally resorted to. Through all the sickness, the patients were most minutely watched and thoroughly nursed by intelligent and anxious friends, who understood the *rationale* of the treatment, as well as the impending dangers."

This sort of treatment is not medicinal: the very highest potencies of our very most sanguine high dilutionists are more so than this; for they at least are swallowed, while the herb-tea, in these cases, simply passed over the posterior nares. Purely non-medicinal as the treatment was, it still resulted successfully; and it was a success in a terrible and grave disease, an affection not usually classed under the head of self-limited. The nursing was excellent, and the treatment simple palliative. The result is a remarkable and convincing proof of the power of nature to cure, unaided by drugs of any kind, the severest forms of acute disease. Such facts as these are full of instruction for the general practitioner. The dominant school disregard them at their peril; for it is impossible that large doses of drugs, needlessly administered, should

not do harm. Drugs do not always cure, and they do sometimes kill. No such danger as this, it is true, menaces the practitioners of our school; still it is not worth while for us to labor under a delusion, however harmless it may be. If, in so grave a malady as diphtheria, nature alone sometimes performs the cure, the inference is unavoidable, that, in many milder forms of disease, the favorable issue of which we are prone to attribute to our well-selected remedies, the result should rather be accredited to the same mysterious agency. We give the concluding remarks of the writer in support of his treatment. His line of reasoning is somewhat strange to allopathic literature, though familiar enough to all of us who have used almost precisely the same language to support precisely the same truths for years. It is as follows:—

“This was all the treatment. In the first place, it did no harm; in the second place, it did not add in the least to the distress of the patients; in the third place, it gave positive comfort, and rendered the sickness more tolerable; in the fourth place, it did not in any way weaken or prostrate the patient, or contribute to that utter debility in convalescence which sometimes in the extremities seems almost to amount to paralysis, but actually aided in sustaining all the powers of endurance; lastly, when fatal results ensue, as they must sometimes under every kind of treatment, even the best, this method will add no pang to the dying struggle, and will leave no doubt to disturb the subsequent reflections of the conscientious medical attendant.”

We do not design to pursue this subject further at present; but on some future occasion, when leisure and space permit, we propose to offer to our friends some remarks on the so-called homœopathic cures, within the sphere of that large class of diseases which we consider self-limited.

THE CENTRAL HOMŒOPATHIC ASSOCIATION OF MAINE.

PURSUANT to a call issued by the physicians of Augusta to the physicians of Bath, Lewiston, Richmond, Gardiner, Winthrop, Waterville, Vassalboro', and Liberty, a meeting was held at Augusta, Aug. 22, and a society formed, with the above title, by the choice of the following officers: President, W. E. Payne, M.D., Bath; Vice Presidents, H. C. Bradford, M.D., Lewiston; N. G. H. Pulsifer, M.D., Waterville; Secretary, J. B. Bell, M.D., Augusta.

The meeting was harmonious, and even enthusiastic. Good accounts were given of the progress of homœopathy in the towns represented, and a cordial purpose expressed to make this a living society, and to make much sacrifice to secure a good attendance on the meetings. It is hoped that our brethren of the East and West may form an Eastern and Western Association, and that together we may form a strong *State Society*, which we have long needed.

The next meeting will be holden at Bath, Sept. 20, at the office of Dr. Payne.

The following gentlemen were appointed to report, at the next meeting, upon the designated subjects: W. L. Thompson, M.D., Augusta, *Typhoid Fever*; W. E. Payne, M.D., Bath, *Alternation of Remedies*; J. B. Bell, M.D., Augusta, *Potencies*.

THE BRISTOL COUNTY HOMœOPATHIC MEDICAL SOCIETY.—We learn from Dr. Clarke, of New Bedford, that a number of physicians of Bristol County met, by invitation of Dr. Barrows, of Taunton, at his residence in that city, and organized a society to embrace the Homœopathic Practitioners of Bristol County and vicinity. The objects of the Association are, in the language of the preamble to the Constitution, the advancement of Homœopathy, mutual improvement in practice, and the establishment of good fellowship among its members. Dr. John L. Clarke, of Fall River, was elected President; Dr. Barrows, of Taunton, Vice-President; Dr. Hayward, of Taunton, Secretary and Treasurer; Drs. Wilder and Clarke, of New Bedford, Censors. This is the pioneer movement, we believe, in New England, for a county society; and our friends in that section of the State deserve great credit for this initiatory step.

How I became a Homœopath. By W.M. H. HALCOMBE, M.D., of New Orleans. C. S. Halsey, Chicago. 1866.

THIS interesting pamphlet is presented to the public in a dress quite worthy of its pleasing style. Starting in professional life surcharged with prejudice towards the new system and its practitioners, the author deserves considerable credit for attempting the investigation which led to his conversion. His frank account of his bombastic treatment of homœopathy and homœopaths, and his allopathic qualms on first administering the small doses, are graphic and amusing. We commend the work also for its candor, and especially for its clear exposition of a triumph of truth and principle over passion and prejudice.

Epidemic Cholera, its Modes of Treatment, their Respective Results, with Directions for Prevention, and what to do in Cases of Sudden Emergency. By JOHN F. GEARY, M.D. San Francisco: H. H. Bancroft & Co. 1866.

THIS is a pamphlet of fifty-four neatly printed pages. It fulfils to the letter the promises of its titlepage, giving an impartial account of the prevalent modes of treatment and their results. It is unusually well adapted, both in matter and style, to interest and instruct the public.

CHRONIC DIARRHœA OF NINE YEARS' DURATION CURED BY STRYCHNIA.
By CHARLES C. SHOYER, M.D., of Leavenworth, Kansas.

D. P.—, a merchant, had from three to nine passages daily; they were liquid, feculent, and of good color. He had little or no control over the sphincter, and his feces were frequently voided into his pants; so frequently was this the case, that he was obliged to forsake society in a measure: he could not pass flatus without also voiding feces. His health suffered greatly, though his appetite was good at times. He could never defer an evacuation a moment, day or night. Viewing the case as depending upon a loss of tone in the muscular wall of the intestines, I determined to try strychnia, and gave it as follows, until its physiological action became apparent, premising that I also gave quinia and iron to build up the system: R.—Strychniae gr. j, acid. acetic. gtt. x, alcohol $\frac{3}{4}$ ss, tr. cinchonæ c. q. s. ut ft. $\frac{3}{4}$ ij. S. a teaspoonful three times a day. Before ten days, the number of evacuations was reduced to three or four a day; the patient had recovered complete control of the sphincter; as, for instance, being in bed about 10, P.M., he felt an inclination for stool, and restrained it without effort until next morning, at 8, A.M. In less than eight weeks, the cure was perfect, and the patient has taken no medicine for upwards of four weeks, and has only two evacuations daily of good consistence; attends to his business, has a good appetite, and has gained considerable flesh. The remedy was pushed until its physiological effects were evident, and continued so until the case was completed. I have more voluminous notes of the case, but, as they in no way alter the above history, do not trouble you with them.

P. S.—The patient is thirty years old, and attributes his disease to taking drastic cathartics for constipation.—*American Journal of Medical Science.*

ATTACHMENT OF FœTAL HEAD TO THE UTERINE PARIETES.—Dr. E. H. IRWIN, in the "Chicago Medical Journal," reports what he well calls a unique case in obstetrics, in which the fœtal head was firmly attached to the interior of the womb, near the brim of the pelvis, on the left side. The labor was greatly protracted, and the efforts of the uterus being insufficient to expel the child, or detach it from its adhesions, and as the peculiarity of the case, as well as insufficient dilatation of the os, made the use of the forceps inexpedient, if not impossible, it was determined to have recourse to craniotomy. The operation of delivery was a very difficult one, owing to the great strength of the adhesions, but was finally accomplished after three hours of unremitting efforts. Dr. Irwin says, that "the adhesions were found to embrace that portion of the uterus lying internal to the descending ramus of the left os pubis, and involved the region of the right temporal ridge of the child's scalp. The internal surface of the neck of the womb was red and dry, and one or two ulcerated surfaces were exposed; a paste-like looking substance appeared to be the connecting medium, which was applied so closely to the hair and scalp that it required to be literally peeled from the uterus, leaving the connecting medium (which, I suppose, was the membranes) attached to the scalp. I watched the patient very closely for about a week. She was well nursed, and, notwithstanding there was *no secretion of milk*, recovered without any untoward occurrence, except a copious crop of boils upon the external genitals."—*Boston Medical and Surgical Journal.*

HYPOSULPHITE OF SODA IN SCARLET FEVER.—Dr. N. L. NORTH states ("New-York Medical Journal," March, 1866) that he has been led, by Dr. Poll's theory, to give the hyposulphite of soda a trial in scarlet fever; and he thinks it a remedy of much power in controlling the symptoms of the developed disease, by eliminating or destroying the poison, and also as a prophylactic.

"I am not so sanguine," he says, "as to suppose that we have in the hyposulphite of soda an unfailing remedy for this dreaded malady, or even a positive prophylactic; yet I have a strong belief that it may prove beneficial both in the treatment and prevention of scarlet fever."—*American Journal of Medical Science.*

44. HEMORRHAGE FROM THE UTERUS.—DR. BARNES stated, at a meeting of the Obstetrical Society at London (Feb. 7, 1866), that he continued the practice of injecting a solution of perchloride of iron into the uterus to arrest hemorrhage after abortion and labor, and with excellent effect. He no longer dreaded flooding, as of old. So far, he could illustrate by experience the safety of intra-uterine injections. But he thought a more desirable method of applying fluid styptics or caustics to the inner surface of the uterus would be by swabbing; that is, by soaking a bit of sponge or cotton-wool in the liquid, and passing it into the cavity. He had contrived an apparatus for this purpose.—*Medical Times and Gazette.*

THE AIR OF THE PYRENEES IN THE CURE OF PHthisis.—M. Pistras states, in an essay, that the air of the Pyrenees, at a height of eight hundred metres, is less dense than common air, contains a smaller proportion of oxygen, is impregnated with a greater proportion of aqueous vapor, and contains more ozone than ordinary air. This atmosphere is highly beneficial in chronic affections of the respiratory organs.—*Lancet.*

A NEW MEDICINE.—In the *Bulletin Générale de Thérapeutiques*, M. Martin describes a new medicine, under the title of Jurubeba. It is the plant called in Brazil by botanists *Solanum perniculatum*. In South America the plant is used in the form of emplastrum, syrup, wine, tincture, and aqueous and alcoholic extracts. It is chiefly employed in affections of the liver and spleen, in vesical catarrh, anaemia, chlorosis, and difficult menstruation. According to the testimony of several observers, this new drug promises to be the most powerful deobstruent yet met with. The Jurubeba is sold commercially in the state of leaves, fruit, and root.—*Ibid.*

DEODORIZING PROPERTIES OF GROUND COFFEE.—DR. BARBIER affirms that ground coffee possesses some remarkable properties as a disinfectant. In several cases where he had to make *post-mortem* examinations of bodies under *very disagreeable* circumstances, he found that a handful of coffee, strewn over the body and about the room, quite overcame any bad odor.—*Lancet.*

POISONOUS PRINCIPLE OF MUSHROOMS.—DR. LETELLEIR says, that the poisonous substance in mushrooms is a fixed, non-crystallizable, narcotic principle, — amanitine. It is precipitated by iodine and tannin. The treatment for poisoning thence resulting is vomiting and purging, followed by a strong aqueous solution of tannin.—*British Medical Journal.*

ALCOHOLIZED MILK FOR INFANTS.—M. JULES SIMON, in his new work “Le Travail,” states that at Jelle and Rouen there are some women so saturated with intoxicating liquor that their infants refuse the breast of a sober woman. In the mountains of the Vosges the infants drink brandy.—*Lancet.*

RAILWAY SURGERY.—The guards of the trains on the Swedish railways are required to have a knowledge of the elements of surgery, that, in the case of accidents, they may be able to render medical assistance. An ambulance, fitted up with every requisite, forms part of each train.

THE NEW-ENGLAND
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RHEUMATIC CARDITIS CURED BY SPIGELIA; WITH RE-
MARKS ON COLCHICUM AND VERATRUM VIRIDE.

BY C. WESSELHOEFT, M.D., OF DORCHESTER, MASS.

AT a recent meeting of the Boston Academy of Homœopathic Medicine, I reported a case of rheumatic affection of the heart, presenting some features of interest; and, since my verbal statement of this complicated case was imperfect, I will present it in a more correct form.

The patient was a youth of seventeen, well developed, naturally vigorous, active, and fond of athletic sports; he had dark hair, blue eyes, and fair complexion. For five years after his birth, he had "spasms of the heart," and was of cyanotic appearance; but was perfectly well after that period of his life. Up to the time of my visit, March 6, 1866, he had been treated by an allopathic physician, during four months, for acute rheumatism. The inflammation affected all the joints in turn. As far as I could learn, the disease had presented all the features common to severe inflammatory rheumatism. At the sixth week of his illness, the patient was worse than ever, the pain excruciating, and motion attended with extreme suffering, requiring constant care on the part of the attendants. At about that time, a new recipe had been tried; and, after taking the medicine for some time (I could not ascertain how long), "the rheumatism suddenly struck in;" the redness,

swelling, pain, and stiffness of the joints disappeared all at once, the entire body became relaxed, and the limbs grew flexible, so that they could be moved in any direction, while, a few minutes before, the slightest motion was impossible. Soon afterwards, the patient, who appeared to be dying, began to vomit up great quantities of blackish fluid, which poured from him in torrents, without effort. Besides that portion lost on the floor, six quarts were collected in the vessel. A small quantity of brandy was administered: the vomiting ceased, and the patient gradually recovered. The disease assumed its former condition; continued so for about nine weeks longer, when some improvement became manifest. This improvement had lasted about a week when one morning he was seized with cramp-like, grinding pain extending across the chest; the body was convulsed, the face was pale; dyspnœa, nausea, anxiety, and faintness accompanied the attack, which lasted uninterruptedly for half an hour. I did not arrive until the paroxysm had terminated, and found the following condition: The patient was sitting on a sofa, somewhat pale and exhausted, but free from acute pain, though still unable to move without suffering. Auscultation revealed rapid and strong beating of the heart, bellows sound during diastole, and friction sound during systole, increased by slight motion, but much less during repose. Percussion revealed nothing abnormal. The pulse was very feeble: the patient was extremely sensitive to cold. He stated that he had some slight attacks, like the one described, in the course of his sickness. His appetite was pretty good, slept well at night, bowels regular, urine normal in color, no thirst.

Taking into consideration the severe articular rheumatism, the age and physical habits of the patient, the bellows murmur and friction sound, indicating a certain degree of endocarditis and pericarditis; also in view of the rapid and strong pulsation of the heart, with feeble pulse at the wrist, which, though synchronous, was not in proportion in strength with the violent action of the heart; and this, together with the thoracic pain, as described, led me to prescribe Spigelia, 200 Lehrmann, in two doses, at an interval of six hours.

On the following day, March 7, I found the patient much better than he had been for many days. He had no pain at all; craves acid drinks. There is much perspiration of a strong odor during the day and night. The abnormal sounds of the heart continued to diminish henceforth, and soon disappeared; and, what is remarkable, *every remnant of rheumatic pain disappeared at the same time with the irregularities of the heart and pulse.* Improvement now progressed without interruption: in a week from my first visit, he was to all appearances quite well, and has since taken long rides on horseback without inconvenience.

Aside from the rapid recovery of the foregoing case, there are some other features which attracted my attention. The patient had been treated allopathically throughout; and, supposing that some peculiarities, such as the sudden disappearance of the articular inflammation, followed by vomiting of enormous quantities of fluid, &c., might have been due to some powerful remedies, I endeavored to discover what they were. Upon asking for recipes, which I supposed must have been kept, I found that my predecessor had only left numbers written on slips of paper, corresponding to others in the hands of an apothecary. According to these, the prescriptions had been put up, and the vials returned, bearing the number of the prescription. One vial was exhibited, from which the patient had taken several doses previous to the "striking-in of the rheumatism" and the vomiting, whereupon the physician had carefully scraped off the label bearing the number, thus rendering further inquiry concerning that particular prescription difficult, if not impossible. So much for an abuse arising from allopathic routine.

As it was, I suspected that either Colchicum or Veratrum viride had been used; and perhaps the following pathogenetic symptoms of these drugs will bear out my supposition.

The relation of Colchicum to articular rheumatism is well known; and it will suffice to quote only such symptoms, known to have been produced by Colchicum, which bear upon the present case: Lassitude; *rapid failing of strength, with subsequent inability to speak; staggering gait, and rapid decline*

of strength; convulsions; paralysis of the muscles, particularly of the upper and lower extremities; coldness of the extremities; cholera-like symptoms; constant vomiting of fluid, like rice-water, and stools of the same kind, which are forcibly expelled; cold breath; collapsed countenance; watery, sunken eyes, contracted pupils; vomiting of watery slime, food, and green, or thick, yellow bile; violent vomiting, and involuntary discharges from the rectum; relief after vomiting. Symptoms of the chest: pressing pain in the whole chest; dull, tearing pain in the chest, near the axillæ; dyspnoæ; oppression in the chest, with anxiety; constriction of the chest, and dyspnoæ; tearing in the cardiac region; weak pulsation of the heart; violent palpitation.

These symptoms may be found in "Noack and Trinck's Manual of Materia Medica," embracing also Dr. E. Stapf's proving of Colchicum.

Regardless of such evidence, it may be presumed *a priori*, that the patient had been treated with Colchicum or Veratrum viride, since we know that few rheumatic patients would escape the former drug under allopathic treatment. The conclusion will also be justifiable, that a patient could not have been attacked with cholera-like vomiting and collapse in simple acute rheumatism, since this disease is not known to enter into complications or to be subject to metastases of this description, especially if it is allowed to follow its natural course without violent therapeutic interventions.

Next to their similarity to Colchicum, the peculiar features of the case bear strong resemblance to the pathogenetic effects of Veratrum viride, which in later years has been much employed as a "sedative" in acute inflammatory affections. The following are some of the known effects of Veratrum viride, which bear resemblance to the symptoms of the disease described: *nausea and vomiting*, the latter effect being often protracted; *it seldom, if ever, purges* (there was no purging in the case described). When the medicine is carried so far as to produce nausea and vomiting, *its depressing effects are often striking*; the pulse sinks from 75 or 80 down to 35 or 40, *small and feeble*; *face pale, and covered with cold sweat*:

the signs of prostration are sometimes alarming. ("Wood's Therapeutics and Pharmacology.") Dr. Hale, in his "New Homœopathic Provings," corroborates these symptoms, and adds, among numerous others, that of *relaxation and loss of power* over the muscles of locomotion. With regard to the action of Veratrum viride on the chest and heart, we learn from Dr. Hale that this drug is also capable of producing symptoms similar to those of the case related above : *oppression of the chest*, with anxiety ; constant, dull, burning pain in the region of the heart under the sternum ; respiration decreases from 30 and 40 to 16 and 12 (in pneumonia) ; *dull, aching pains in the region of the heart* ; beats of the heart low and feeble ; *palpitation on taking the least exercise* ; *strong and loud beating of the heart, with quick pulse* ; *palpitation, with dyspnoea.*

Although the patient had a congenital affection of the heart in early life, it does not seem unreasonable to presume, that, whatever the allopathic treatment may have been, it had some important connection with the severe and peculiar symptoms of the case. At any rate, it is certain that all remaining symptoms vanished completely, after the administration of Spigelia in an extremely small dose. This again corroborates the testimony to the usefulness of Spigelia in rheumatic carditis and angina pectoris, especially when the following symptoms are present: Normal sound on percussion ; *increased impulse of the heart* ; pulsations of the heart *are not in harmony with the radial pulse.* There are noises in place of the regular sounds of the heart during systole and during diastole. ("Rückert's Clinical Experiences," vol. iii. p. 454.) Hahnemann's "Materia Medica Pura" contains the following symptoms, observed by reliable provers: Tearing and constriction in the lower part of the chest, above epigastrium, with oppression ; cutting and feeling of constriction, with anxiety ; in the middle of the chest, a severe, painful pressure ; unusually strong, and sometimes audible, pulsations of the heart ; visible palpitation. (See also Noack and Trinck's.)

The main result of the supposition that Colchicum and Veratrum viride had been employed is the comparison

between these two medicines and Spigelia, which cured the case. Certainly many strong points of resemblance among the three have appeared. If Spigelia were not the antidote to one or both of the other drugs in this instance, its efficacy should be carefully tested in others ; and allopathic practitioners will not fail to furnish us with numerous opportunities.

CLINICAL EXPERIENCES IN RELATION TO THE DOSE.

BY HENRY B. CLARKE, M.D., NEW BEDFORD.

(Continued from page 190.)

Iodine.—I have had no success with the higher dilutions of iodine. The lower ones I prepare from the compound solution of the U. S. P., and find the first or second dilution thereof very useful.

Ipecac is another of the many medicines, that, according to my experience, require to be given in substantial doses, in order to secure their best effects. I think this is especially the case with ipecac, in symptoms of the respiratory organs. An experience similar to the following, in a case of spasmodic cough, has been several times repeated with me.

Mrs. P. G., aged about sixty, a strong, hard-working woman, after "taking cold," in January, 1859, had symptoms of influenza. After a few days, a severe spasmodic cough came on, occurring in paroxysms at intervals of quarter to half an hour. I was called to see her Feb. 4, in haste ; the cough, at that time, having become alarmingly severe. I found her lying in bed, "worn out" with loss of sleep and the exertion of coughing. The paroxysms commenced with a short, rapid cough, which caused her to rise up in bed. It then increased in violence until her face became purple, and suffocation seemed actually impending ; there would finally be copious expectoration of transparent, frothy mucus, when she would be

relieved, and lie down exhausted. After an interval of fifteen to twenty minutes, the scene would be repeated. I prepared from my pocket-case ipec. 3, ten drops in half a glass of water, to be given by teaspoonfuls every five to ten minutes when the cough was present. It gave some relief, but was soon used up, and a messenger sent to me for more medicine. I then sent ipec. 1, to be used in the same way. The relief from this was much greater; and under its use the paroxysms at once abated in frequency and severity, and soon entirely ceased.

Mercurius. — In my experience with merc. sol., I have not observed the effects of different attenuations in the same case; yet, from general results, I have been led to prefer the third decimal trituration to the preparations of the sixth and upwards, which I formerly used. Merc. cor. I use at the third to the sixth decimal trituration.

Nux vom. I use generally in the third dilution, and never see aggravations therefrom. Yet, in certain cases, perhaps the sixth to thirtieth are preferable. I recall one in my early practice in which the thirtieth seemed very effective. Mr. M., aged thirty-one, house-carpenter, nervous-lymphatic temperament; light hair and eyes; medium stature; of healthy family; during his youth suffered from an eruption, which appeared in the form of a "red tetter, itching and running together;" also had spells of sick headache. Has been subject to piles, and is now troubled with constipation. At this time (May 14, 1853), he applies for relief for a headache, which he has had daily for about twelve years. It generally begins in the morning with a feeling of numbness in the fingers, which passes up the arm, and affects the end of the tongue and lips. There is then dizziness, ringing in the ears, dark blur before the eyes; the head seems compressed; he cannot talk coherently; and finally there is pain in and above the eyes and through the temples. The feeling is as though a bullet were slowly passing through the front part of the head. The pain grows worse till noon, and passes off towards night. When severe, it is attended with nausea and vomiting.

Gave powders sulph. 3, night and morning.

May 20, evening.—Rather improved in regard to headache; constipation is worse. To-day, has been having pain at the pit of the stomach.

Gave pellets of nux 30 in powders of sugar of milk, one to be taken every night.

May 30.—Very much improved; bowels act regularly; two days has been without headache. Gave him a vial of nux 30 pellets, to use as needed.

July 18.—He reported that he still had at times an uncomfortable feeling about the head; but that the peculiar headache, to which he was so long subject, was entirely cured.

March 4, 1854.—The headache has again come on with the old characteristics; viz., it begins in the morning, is worse at noon, and goes off in the evening. The numbness, passing from fingers to mouth and tongue, affects him at times so that he can hardly speak. He is a Methodist, and finds that his meetings excite this condition. It also comes on on getting suddenly warm when he is cold. Has some nausea at times, but has never vomited since he took the first medicine, nearly a year ago. This day (by mistake) he got arse. 6. After taking it a few days, without any benefit, nux 30 was again given, and promptly relieved him.

March 20.—He reported that he was entirely free from headache.

This man has continued under my observation ever since, and there has been no return of this affection. In some cases of atonic dyspepsia, I have seen nux 1 relieve gastralgic pains, and effect general improvement, when higher dilutions were inefficient.

Phos., *puls.*, and *rhus tox.* I use at the third dilution and upwards, and have not found any advantage in giving them lower.

Secale cor. has served me in the first dilution better than in a higher one. My use of it has been mainly in uterine leucorrhœa and haemorrhage. In the latter affection, I have witnessed very positive benefit from its use. The following case is an example:—

July 31, 1864, I was called to see Mrs. C., aged 35, mother of six children: dark eyes and hair; small, thin; nervous temperament; has had several abortions. Five months ago, had an abortion at the third month, and has been flowing ever since. Has had medical treatment, allopathic and homœopathic. At times, the flow has been profuse; at other times, moderate: but she has not been free from it for a day since it commenced. Moving about has always aggravated the flow, and thus she has been kept prostrate in bed most of the time. Sometimes the flow has been free and of bright-red blood, sometimes with clots; lately, it has been blackish and offensive. I gave her sec. cor. $\frac{1}{10}$, five drops every six hours.

Aug. 5. — I found her very much better. Has had no flowing at all for two days. Continued medicine.

Subsequent to this, there was no further trouble. Menses appeared normal in every respect on Sept. 7, though they lasted rather longer than usual. Since then, she has continued well.

Sulph. is a remedy which, like *calcarea* and some others, has, according to my experience, been vastly over-rated in homœopathic literature.

I have used it at the thirtieth more frequently than any other medicine,—having been induced to do so from theoretical considerations,—but without having acquired any confidence in that preparation of it. I now employ it much less than formerly, and it appears to me more useful in the first to third trituration than higher. *Veratrum alb.*, on the other hand, I have found one of the most uniformly reliable remedies in the whole *materia medica*. When its characteristic symptoms are present, I have learned to expect a certain measure of success in its use, no matter what the apparent pathological conditions. Thus in nervous headaches, in croup, in cardiac dropsy, in choleroïd affections, when there has been vomiting, with deathly prostration and cold sweat, I have seen veratrum relieve in the promptest and generally most effective manner.

I have found the third to sixth dilution the most satisfactory.

Higher than these I have rarely used. The first and second have sometimes seemed to cause nausea and vomiting.

As *apropos* to the object of this series of communications, I add the following recent observation: —

Aug. 25, 1866, Mr. B., an intelligent observer, called for me to visit his child, a boy aged two years, who had been troubled for about six weeks with diarrhoea. The stools were not very unnatural in appearance, but were watery, and often contained undigested food. There were discharges every three or four hours during the day, but less frequently at night. The patient had grown thin and weak. China pellets from the domestic case (probably third or sixth) had been given persistently, but without apparent effect. Believing the medicine well chosen, I sent a solution of quinine $\frac{1}{100}$, with directions to give drop doses every four to six hours. On Sept. 7, I learned that after the first dose there had never been a diarrhoeic discharge. The stools had been quite natural and regular; and the child was rapidly regaining flesh and strength.

WE regret that, owing to our absence from duty, a typographical error or two occurred in Dr. Hering's article of last month. Page 239, 16th line from above, and page 241, 10th line from below, read Sacch. lact., instead of "Tach. lact." and "Lach. lact." Page 246, 15th line from above, read inflammation of skin, instead of "inflammation of spine."

WE announce with saddened heart the death of a friend and colleague, E. C. Witherill, M.D., of Cincinnati. We have as yet no particulars, except that he died of cholera.

The New-England Medical Gazette.

BOSTON, NOVEMBER 15, 1866.

WE have often heard astonishing stories of arsenic eaters and arsenic eating. The apparent absurdity, however, of these tales has always robbed them of interest. Without, therefore, investigating the subject at all, we long since came to the conclusion, that those marvellous peasants, away off in the Styrian or Hungarian Alps, who season their food with arsenic as we do ours with pepper or mustard, must be radically different in constitution from those which we have met, or their arsenic must differ greatly in its properties from that which we have used; or, what we considered most probable of all, the pretty Styrian peasant girls and the robust Styrian peasants, viewed as the fruits of an arsenical diet, had no existence other than in the stories of travellers. The popular ear, however, has not been deaf to these marvels; and we fancy that it is not at all unusual for physicians to be consulted by young persons—and, indeed, by persons not always young—of the opposite sex, upon the properties of arsenic as a promoter of robust beauty. At last, a Canadian,* a veritable consumer of arsenic, has turned up, as it were, at our very door, to convince us, that, after all, that which we call a deadly poison is but an agreeable tonic. We shall soon be disposed to believe the fellow not far from right when he says, “I have read all that the doctors say about arsenic, and feel convinced that they know nothing

* An Arsenic Eater. (Read before the Medical Society of Quebec, Canada East, and communicated to the “Boston Medical and Surgical Journal.”) By Professor La Rue, of the Université Laval.

at all about the matter." It is well to bear in mind that the ordinary dose of arsenic is from $\frac{1}{15}$ to $\frac{1}{30}$ of a grain. Dr. Taylor considers, that, under favorable circumstances, two or three grains will produce death in an adult. The following is Dr. La Rue's account of the Canadian arsenic eater:—

During the winter of 1864-65, there appeared, in the "Quebec Gazette," a series of articles, under the heading of "Arsenic vs. Consumption," in which the writer maintained that arsenic was a powerful remedy against pulmonary consumption, and stated that he himself had used it as such, with good effect, for many years, and was still in the habit of doing so from time to time.

Wishing to elucidate more fully what appeared to me an important fact, I waited on the editor of the "Gazette," and requested him to put me in communication with the writer. He promised to do so; and, a few days after, a person called on me, assuring me that he would readily give me all the information I required.

We proceeded to my laboratory in the Laval University; and, on my asking him what quantities he usually took, he said he knew little about doctors' weights and measures, but that he sometimes took larger and sometimes *minor* doses. He then, with a small silver coin, scooped out from a bottle of pure arsenious acid what he termed a large dose, and which, on weighing, I found to contain somewhat over three grains; then a minor dose, weighing about a grain and a half. B. swallowed the last dose in my presence. I afterwards weighed another half-grain, which he mingled with the tobacco that he was smoking, filling the laboratory with a strong odor of garlic. He remained with me three hours, after which he departed in perfect health, and without having shown the least symptom of disorder.

I lost sight of B. for some time, when, on the 26th of April last, I met him casually, and asked him if he still used arsenic. He answered by taking from a paper in his pocket several grains of arsenious acid, and swallowing it without hesitation. I requested him to call upon me the next day at two in the afternoon: he did so, and we proceeded to my laboratory. I shall now take the liberty of transcribing, almost *verbatim*, the notes which I took during the course of the experiments.

April 27th.—At twenty minutes to 3, p.m., B. requested me to weigh him what I considered a reasonable dose. I accordingly, by aid of a small balance, the precision of which I had previously ascertained, weighed *two grains* of arsenious acid, chemically pure, and taken from my own laboratory. I presented him the dose. "Is that all?" said he: "you may treble the dose." Fearing to add too large a dose, I added but two more grains. B. then took the *four grains*, placed them on his tongue, and swallowed them. He immediately afterwards lighted his pipe and conversed freely. I watched him constantly, to assure myself that he did not reject the poison.

3, P.M. — I asked B. if he felt any unusual symptoms. He answered that the dose had produced on him no more effect than if he had taken a glass of cold water. At his own request, I weighed another grain, which he mingled with the tobacco in his pipe, and smoked it.

3.30. — B. has not ceased conversing since he took the dose. He spoke chiefly on the wonderful properties of arsenic, related what he had heard said of the Chinese on this point, and explained his theories on the mode of action of this medicine. He alternately sits and walks, and smokes unceasingly.

3.45. — He again assures me that he does not feel the least unusual symptom; he expresses a wish to take a glass of wine. Accordingly, I ask him to accompany me to a hotel; and at four o'clock B. took a glass of port wine and lighted a cigar.

At twenty minutes to five, exactly two hours after he had taken the arsenic, I told B. that he was at liberty to go away, on condition that he should call on me in a few hours, and consent to repeat the experiment another day. "Better do it at once," said he: "at any rate, I shall be at your house at half-past six, when I will take a second dose, and stay with you until midnight, if you wish it." I accepted his offer, and we parted.

At half-past six, B. came to my house, as well as ever. During the interval he had gone to the Lower Town, to several places, and had not yet taken supper. "Hence," said he, "as I have come to remain with you till midnight, you must give me supper." I told him, that, after some reflection, I did not like to assume the responsibility of administering him any more of the poison that day; that we would resume the experiment another day. B. remained with me till $7\frac{1}{2}$, and left in perfect health.

28th. — At $10\frac{1}{2}$, A.M., I saw B. at his work. He was in high spirits, and assured me that he had not experienced the slightest inconvenience from the dose of the previous day. I again saw him at 1, P.M. He was just dining very heartily; and to my inquiries whether he had had any evacuation from his bowels, he replied that he had not since ten o'clock the preceding morning, viz., four hours and forty minutes before he took the four grains of arsenic.

On the 27th (the day of the experiment), B. had breakfasted at at $9\frac{1}{2}$, A.M., on toast and chocolate, and at noon had taken a plate of pea-soup.

History of B. — Age 47; temperament lymphatic; good constitution; hair and whiskers reddish, both abundant, — the latter sprinkled with gray. An Englishman by birth, B. has been in Canada since 1837.

B. has had three severe illnesses during his life: typhus (?) in 1839, an attack of cholera in 1849, and, later, *pulmonary consumption* (?). Besides these, he has always been subject to what he calls bilious headaches. He lives regularly, but was formerly addicted to an inordinate use of strong liquors. His appetite is good; nevertheless, he has never been a great eater. His complexion (notwithstanding

the popular opinion as to the effect of arsenic) is not clearer than ordinary. He has frequently made use of emetics and purgatives, which have produced on him the same effect as on others: he even asserts that he is very susceptible to the action of the latter. He takes a great deal of exercise, and smokes inordinately.

Phthisis pulmonalis is hereditary in his family. His father died of it at the age of 39. Four of his paternal uncles and several of his cousins have died of the same disease. His mother, however, died at a very advanced age, and there have been no symptoms of phthisis in her family.

In the year 1853 or 1854, B. thought he was attacked with consumption. He coughed painfully, was hoarse, became emaciated, and had profuse night-sweats. He one day read an article, in an old periodical, in which arsenic was suggested as an excellent remedy for consumption, and determined to make a trial of it. He accordingly bought two ounces of white arsenic, and immediately began to use it, without having the least idea of the quantity to be taken. The doses which he then used were as large as those he now takes.

When he first began to take arsenic, he used it six or eight weeks consecutively without any interval. Sometimes he took it five or six times each day; at other times, three times a day; and sometimes only once or twice. He consumed the two ounces which he had bought in those six or eight weeks. He always took the first dose in the morning, about two hours before breakfast. At first, the morning doses had the effect of clearing his throat of a certain quantity of mucus, after expectorating which he usually felt weakness, accompanied by cold perspiration; sensations, according to him, similar to those felt by a person who has just vomited. But the arsenic, he says, never made him vomit, nor even created nausea. While in this state, he generally dozed for a few minutes, and then smoked a pipe, mingling another dose of arsenic with the tobacco. In less than five minutes, all these symptoms disappeared. B. does not now experience the same feeling after the use of arsenic. He is firmly convinced that he should have died of consumption long since, had he not taken to the use of arsenic. He says that arsenic never caused any relaxation of his bowels.

B. is married, and has a family of six children, all healthy; the eldest is 29 years old, the youngest 11.

B. is intelligent, and has received a good education. "I have read," said he to me, "all that the doctors say about arsenic, and feel convinced that they know nothing at all about the matter." He would not, on any consideration, take arsenic in a state of solution. His reading has made him familiar with the constitutional symptoms produced by arsenic, which he declares never to have experienced in the slightest degree, even after six weeks' constant use of the doses.

He withholds his name in connection with these experiments, lest, as he says, he might be looked on as a walking curiosity, and has consented to them simply from a desire to render some service to science.

He places greater confidence in the arsenic he smokes than in that which he eats ; and, whenever he has a cold, he takes or smokes arsenic, which he always carries with him as a cure. He refrains from drinking water for some time after eating arsenic, but takes willingly a glass of wine or beer.

His general health is good, never suffers from pains in the stomach or bowels, which are regular in their action.

QUEBEC, June 17, 1866.

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

PROCEEDINGS REPORTED BY G. M. PEASE, M.D., BOSTON.

SUBJECT: "RHEUMATISM." — Dr. H. L. Chase, of Cambridge, has found that Apis Mel. relieves the pain in inflammatory rheumatism better than any other remedy. He uses it in the 30th cent. After taking the Apis, the patients begin to perspire. He also uses oil, to be rubbed on and covered over with cotton. Of late has noticed that the pains have neither been aggravated or made better by motion. He has not noticed any erysipelatous swellings. The average length of time patients are sick under his care with rheumatism is three weeks.

Dr. T. S. Scales, of Woburn, has been in the habit, for ten or twelve years, of using Mercurius in all cases attended with perspiration ; and, except in such cases, he uses Cimicifuga, internally and externally. He has used Rhus Tox., but does not like it as well as Cimicifuga. If the perspiration ceases, he gives the Cimicifuga. Average length of his cases is five or six days.

Dr. L. Pierce, of Charlestown, has relied considerably upon the use of water, and has not found any remedies to work well unless water is used. He related a case of a returned soldier who had a spasmodic rheumatism. The joints were very much swollen, could not move any limb. He was packed in a cold sheet, and in ten minutes was asleep. He left directions to repeat the pack whenever the spasmodic pains returned. Four times sufficed, and he recovered rapidly. He reported another case, where rheumatism attacked the person every year, lasting some time ; the same course was followed, and in two weeks the patient was well. His average is two to three weeks.

Dr. D. Thayer, of Boston, has of late found Gelsem. and Phytol. to be the best remedies. He also uses cold water freely, and has never seen any bad results follow its use. He has not used the Phytol. much, except in the acute form. He spoke of the migratory habits of the disease ; has known it perform the entire circuit of the body three times before it was cured. He has known some fatal effects

follow the use of external applications in the shape of liniments and mustard poultice. He related one case where metastasis to the heart was caused probably by the use of volatile liniment and mustard. Whenever he has found the heart affected, he uses Digitalis and Bromine. He has not noticed affections of the kidneys in rheumatism.

Dr. D. Whiting, of Boston. Whenever synovial complications are present, he uses the Phytol. Has used the Phytol. 1st dec., mostly in the chronic form. He also uses Bry. and Sulphur with benefit. His average is ten to twelve days.

Dr. F. H. Krebs, of Boston. In acute rheumatism, with much fever, he uses Acon. In the muscular type, he gives Tart. Emet., with cold or warm water embrocations. Where metastasis to the heart is probable, he gives Lachesis 14th and 30th dec. In chronic rheumatism, he relies mostly upon Silicea 30th and Sulphur 6th. He also uses Iod. Potass. If there is much perspiration, Merc. will relieve, and perhaps Colchicum. In the articular form of the disease, he finds most benefit from the use of Tart. Emet., and sometimes Ipec. He finds that there is more disposition to heart symptoms in cases treated allopathically, where Digitalis and Colchicum have been largely given, and thinks the medicines do more towards causing a metastasis than the disease. The average length of his cases is two weeks.

Dr. L. D. Packard, of South Boston. Thinks Acon. and Bry. have answered the best purpose; is particularly in favor of the Bry. used strong (tinct.). Never had but one case where there was much fever more than three weeks. He has given more attention to the preventive treatment of the disease than to the cure of it. He was formerly in the habit of having frequent attacks of rheumatism, and he carried the horse-chestnut in his pocket, and did not have a single twinge for three years. He discontinued carrying it, and in six weeks he had a severe attack, which lasted him nearly a year.

Dr. Krebs says that in cases treated by the old school there is more liability to a periodic return than under homœopathic treatment. He thinks as much can be said against as for the horse-chestnut in the prevention and cure of rheumatism. If the homœopathic law holds good, a whole grove of horse-chestnut trees about a house ought to give the disease to the residents. In Germany, many such trees are used for shade, and yet no one has rheumatism in consequence.

Dr. C. H. Farnsworth, of East Cambridge, uses Acon. with much benefit. Spigelia relieves the heart affections. Average duration of attacks two to three weeks.

Dr. E. P. Scales, of Newton. In acute rheumatism he formerly used Acon. and Bry. with success, but lately has used Cimicifuga instead of the Bry.: he sometimes uses both the Acon. and Cimicifuga externally. His cases sometimes get well in three or four days, but generally average about a week. He uses his remedies in the 2d and 3d dec.

Dr. Samuel Gregg, of Boston, has used Acon. and Bry. more than any other remedies, the Bry. hardly ever higher than the 1st dec.

Sometimes, after using the Bry. without effect, he has given Colchicum. He uses cold water, and has never seen the bad effects to the joints which follow the use of liniments. Thinks well of Sulphur 3d to 6th in chronic affections. He thinks a metastasis may be caused by stimulants or hearty food, before the patient is sufficiently recovered to use them. Thinks that the habit of the old school of giving stimulants to prevent metastasis causes it. He related a case where a single teaspoonful of wine produced aggravation of symptoms, with short, difficult breathing.

Dr. J. H. Woodbury, of East Boston. In the first stages of an acute case gives Acon. and Bry. He thinks that cases commencing with severe fever yield more readily than those of a milder type at the start. Where the pains are very acute, gets relief from the use of Bell., 1st dec. and tinct., in drop doses. His cases last from one to three weeks. Chronic cases yield well to Phytol. and Gelsem. Reported one old periodic case that yielded to Gelsem. in three weeks. In metastasis to the heart he uses Verat. vir.

Dr. G. M. Pease, of Boston, has been in the habit of using Merc. Sol. in cases where a moist skin is present. Bry. and Apis he has found to be very beneficial. One patient, who had been under the old school treatment for a few days, and had taken three or four drachm doses of tinct. Gelsem, until all power of speech and motion was gone, he treated almost entirely with Merc. Sol. and Rhus. An old case of eight years' standing was cured in about two weeks with a few doses of Phytol. Average length of acute cases eight to ten days.

Dr. A. M. Cushing, of Lynn, thinks the Rhus is very valuable where the disease is caused by getting wet, or is relieved by motion. The Apis is also very good in articular rheumatism. Where the swelling is shining and red, he gives Bell. of high attenuation. He thinks the Phytol. is the remedy for the chronic form. For metastasis, he uses Spigelia and Hellebore.

AMERICAN INSTITUTE OF HOMŒOPATHY.

At the last meeting of the American Institute of Homœopathy, the undersigned were appointed the Bureau of Materia Medica. As such, they are conscious of having a most important duty to perform, and are determined that the year shall not pass without having discharged their duty faithfully.

All will agree that the perfection of the *materia medica* must be our chief object. Without it, we cannot hope for success in healing the sick; without it, we would be faithless to our maxims, professing what we do not practice. This has been so often repeated, that many may think it superfluous to be again reminded. But in consideration of the circumstance that our *materia medica* is written mostly in a

foreign language (German), and that it is accessible to most American physicians only through the medium of translations ; and, furthermore, in consideration of the fact, that American physicians are obliged to depend mainly on a fragmentary *materia medica*, scattered through American (English) periodical literature devoted to homœopathy, but which has not yet been collected in a practical form, — this Bureau proposes to begin its labors *by collecting the scattered material ; but chiefly to add to it new and complete provings of the numerous American drugs*, especially from the vegetable kingdom, as yet only partially known and empirically used. In this way only shall we escape the appellation of irrational empirics, or approach the time when we shall possess an **AMERICAN MATERIA MEDICA, CONVEYING ITS MEANING DIRECTLY FROM THE PEN OF PROVERS, IN IDIOMATIC ENGLISH, TO THE READER.**

Up to the present time, the entire homœopathic community throughout the world has been dependent on a German *materia medica* ; and, although it has established the truth of our principles in every country, far greater results may be looked for when each country, with its peculiar language, climate, and territorial peculiarities bearing on diseases, shall possess a *materia medica* of its indigenous drugs (plants).

Although the members of this Bureau may further their object individually, still the importance of the subject urgently demands the co-operation of all members of the American Institute of Homœopathy ; and all are therefore earnestly invited to signify their willingness by entering, without **LOSS OF TIME**, into communication with the members of this Bureau.

As members of the American Institute of Homœopathy, let us form a *Prover's Union* : let every homœopathic physician in the country contribute something toward the perfection of the *materia medica*. The undersigned trust that their appeal will be heard, and that each will do his duty ; let us resolve to act, and never to cease our labors at a task without an end !

Although the *materia medica* is to be enriched from all sources, the proving of *American plants* appears as the most promising measure : and as this Bureau is composed of five members, each of whom will take charge of one drug, the name of which is placed opposite the name of the member of the Bureau, you are requested to select one of the five drugs, and to make it the special object of proving for this year ; to make careful provings upon yourself, and as many of your friends, both *male* and *female*, *old* and *young*, as you can interest in the work ; also, to collect from the literature within your reach, as well as from your personal experience, all reliable cures performed with the drug you have selected ; to arrange and classify your provings and other information ; **AND, FINALLY, TO FORWARD THE RESULT OF YOUR LABORS TO THAT MEMBER OF THE BUREAU HAVING CHARGE OF THE DRUG.**

MEMBERS OF THE BUREAU OF MATERIA MEDICA.—C. Wesselhoeft, M.D., Harrison Square P.O., Mass., *Pulsatilla nuttaliana* ;

Walter Williamson, M.D., Philadelphia, Pa., *Hydrastis canadensis*; Wm. E. Payne, M.D., Bath, Me., *Lilium tigrinum*; E. M. Hale, M.D., Chicago, Ill., *Ptelea trifoliata*; H. L. Chase, M.D., Cambridge, Mass., *Iris versicolor*.

It has been customary for provers' associations to publish rules according to which the provers were to proceed. It would exceed the limits of this circular to repeat what must be taken for granted. An elaborate exposition of the art of proving would be equal to a dissertation on the art of curing. He who comprehends the principles of the healing art, as embodied in homœopathy, will form his own plan and method of proving medicines upon himself, and will instruct his non-professional friends.

For the sake of uniformity, we will request the observance of the following rules: —

It is desirable to have provings of preparations of different degrees of strength, from the tinctures to the higher dilutions.

State the form or preparation of each drug employed.

State the age, sex, and constitutional habits of each prover.

- Give the full report of each prover, preserving the precise order in which the symptoms appeared.

Write your report on alternate sheets of letter paper, in order to save time in the final arrangement.

OZONE.—FOR the past few months our continental neighbors have been making known some valuable additions to the knowledge of this body, to the more interesting of which we shall call attention.

Our readers are probably all aware that the existence of a substance, called by its discoverer *ozone*, was made known to the scientific world by Schœnbein. He did not then isolate it as hydrogen, iodine, magnesium, or other substances have been isolated; nor has he or the other workers at the subject succeeded in doing so since, although more than the quarter of a century has elapsed since its nature first became matter for investigation.

To form it, there must, all are agreed, be *oxygen*; but we can hardly say that all are also agreed that there must not likewise be hydrogen, or rather, perhaps, water. On the whole, however, the experiments of Andrews and Tait may be considered as setting the question at rest, at least so far as this: From oxygen alone some of the phenomena indicating the presence of ozone can be obtained. The question is not so satisfactorily answered as to whether the substance that is formed in presence of water-vapor, and answering to the tests of ozone, is formed from oxygen only, or from a combination of oxygen and water.

But we must not say more of its nature until we have stated some of the means of obtaining it, or, more correctly speaking, obtaining indications of its existence. If perfectly dry and pure oxygen gas be electrified by passing a series of sparks through it, or, even better, according to Dr. Andrews, by silently discharging machine-electricity through it, ozone is produced. That is to say, the oxygen acquires new properties. It acquires a peculiar smell, such as is observed on standing near a large electrical machine in action, or much like that of a dense fog. It diminishes in volume. It becomes capable of *oxidizing* bodies in a way that it could not do before, so that it becomes corrosive, destroying most organic substances, such even as caoutchouc; and acting on metals, even silver; oxidizes and decomposes salts ordinarily stable, such as sulphate of magnesia and iodide of potassium; and even combines with the inactive substance

nitrogen (in the presence of moisture). It is practically insoluble in water, but is absorbed by it if the water contains a material quantity of organic matter. If the oxygen which has been thus changed is treated with some of the substances affected by it, these active properties disappear, and a great part of the original oxygen employed is left unchanged. But Frémy and E. Becquerel have shown, that, by electrifying the oxygen in contact with moist metallic silver, or a solution of iodide of potassium, all the oxygen can be so changed as to be absorbed by these substances.

Other methods of forming ozone in the presence of water are by gently heating a mixture of air and ether vapor, or by exposing clean moist phosphorus to the air. In these cases, the formation of the ozone seems to be simultaneous with the partial oxidation of the acting substance. It is also formed during the electrolysis of dilute sulphuric acid, or, as it is the fashion to say, of water acidulated with sulphuric acid; and also by the action of sulphuric acid on peroxide of barium, and by other laboratory methods.

It has been shown to be formed during fermentation and the growth of moulds; and it is believed to be very generally produced during oxidation at ordinary temperatures. It, however, can hardly be said for certain that oxidation is a cause of the ozonization of oxygen, as we know that all the oxidations that do take place are producible by ozone itself; so that it may be that ozone is produced by the contact of oxygen with these bodies, or in other ways, and that then these bodies begin to oxidize under the action of the ozone.

Now, with regard to the test of its presence, there are several; but there is hardly one of them which cannot be challenged as an uncertain indication of it. One of the earliest tests employed, but seldom used now, was a white paper impregnated with sulphate of manganese, an almost colorless salt. This paper is turned brown by the formation of hydrated peroxide of manganese. Another test, proposed by Schoenbein, and the one most in use at present, is white paper impregnated with starch-paste and iodide of potassium. This paper is turned blue, or a color approaching it, by ozone, potassa being produced and iodine liberated, which then forms the blue compound of starch and iodine. M. Houzeau has introduced, and for a long time employed, strips of wine-colored litmus-paper, half of each of which only is impregnated with iodide of potassium. This he does because there are other substances that are liable to change the iodized starch-papers by liberating iodine, which will not affect these papers. For these other substances liberate the iodine by forming a neutral salt with the potassium, such as acid vapors, chlorine, &c., but ozone does so by forming potassa, which is alkaline. This alkalinity his papers indicate by the part charged with the iodine becoming, under the influence of ozone, blue from the action of the potassa on the violet litmus, and then contrasting with the unchanged color.

We have already indicated the most striking properties of ozone, but there are still some things requiring notice. By its powerful oxidizing action on organic matter, it quickly purifies air or water charged with organic matters, removing smell and taste from them. Indeed, the most offensive masses of putrid matter lose their offensiveness to the senses by the action of this body. Its active chemical properties render it a powerful irritant to mucous surfaces. By heat ozonized oxygen loses all the properties of ozone and regains its own; among others, its proper volume.

We have also to say a little concerning the density of ozone. Since oxygen converted, or partly converted, into ozone, contracts in volume, it is evident that ozonized oxygen must be denser than ordinary oxygen. Attempts have recently been made to determine its density by M. Soret. We must mention, that, when ozonized oxygen is exposed to the action of iodide of potassium or moist silver, it loses its peculiar properties, except that it does not re-assume its original volume, as it does when heated. Further, that the loss of oxygen is accounted for, and the absorption of ozone proved, by the fact that a quantity of iodine chemically equivalent to this oxygen or ozone is set free from the iodide of potassium. It is just possible, it seems to us, that ozone may be a vapor of very low tension, of a highly volatile liquid, which we have not yet been able to get in sufficient quantity in a given space to make it reach the point of maximum density, when formation of liquid would take place. For, then, the slight loss of elastic force by the absorption of it from its mixture with oxygen might well escape observa-

tion. However, chemists do not seem to hold this view. The one which has for some years been suggested is that ozone is half as dense again as oxygen. On this hypothesis, iodide of potassium is considered to absorb one-third of the matter of ozone, and to liberate the other two-thirds as ordinary oxygen. This, of course, requires the further admission that the ozone behaves as if formed of two kinds of matter, two kinds of oxygen, and that it is an oxide of oxygen having the formula O_2, O . We shall not pretend to criticise this hypothesis. We refer to it here partly because M. Soret has attempted to determine the density of ozone, and he finds his experiments confirm the view that three volumes of oxygen are condensed to two. He has discovered that oil of turpentine so acts upon ozonized oxygen as to cause the volume of the gas to diminish, instead of this remaining unchanged, as when iodide of potassium acts upon it. He concludes from this that iodide of potassium decomposes this *compound oxygen*, or ozone, and absorbs part, while turpentine absorbs it wholly. Granting the truth of this conclusion, our readers will at once understand, that if, as in the experiments of M. Soret, two measured quantities of the same ozonized oxygen are taken, and the one acted upon by turpentine and the other by heat, that the volume of oxygen equal to the ozonized gas will be learned from the latter action, and the quantity of unchanged oxygen in a given bulk of the gas from the former. The difference between the volume of the original oxygen and that of the unchanged oxygen will give the quantity converted into ozone; the diminution in the bulk of the ozonized gas caused by turpentine will give the volume of the ozone absorbed by it. M. Soret found in this way that the volume of the ozone absorbed by the oil of turpentine was produced from a volume almost half as great again of oxygen. Hence he concludes that the density of ozone is half as great again as that of oxygen.

We have so much more to say about ozone, more especially as regards the late controversy as to its existence or not in the atmosphere, that we must reserve this for another article. — *Medical Times and Gazette*.

CLINTON, Nov. 5, 1866.

DR. ANGELL.

Dear Sir,—I notice, in the "Gazette" for October, an account of the formation of the Bristol-County Homœopathic Medical Society, with the statement that it was the pioneer movement in New England.

As the date of the meeting is not given, I cannot say whether you are correct in giving Bristol County precedence over Worcester or not.

Through the influence of Dr. Freeland of Fitchburg, and Drs. Nichols and Chamberlain of Worcester, the homœopathic physicians of Worcester County met in Worcester, June 27, and resolved to form a County Society, choosing Drs. Freeland and Whittier, of Fitchburg, to draft a Constitution and By-Laws, which, at a meeting in July, were adopted, and the following officers chosen: —

President, L. B. Nichols, M.D., of Worcester; Vice-President, C. A. Brooks, M.D., of Clinton; Corresponding Secretary, W. B. Chamberlain, M.D., of Worcester; Recording Secretary and Treasurer, J. C. Freeland, M.D., of Fitchburg; Censors, George H. Tuft, M.D.; D. B. Whittier, M.D.; and F. H. Underwood, M.D.

These meetings were attended by nearly every physician of our school in the county, and were very interesting.

Respectfully yours,

C. A. BROOKS.

ALBUMINOUS URINE A SYMPTOM OF CHOLERA.—M. DE WOUVES, in a memoir just published, has demonstrated that albumen is present in the urine of all cholera patients some days before the more serious symptoms exhibits themselves. He does not attribute this fact to any disease of the kidneys, but he regards it as an important means of distinguishing between true cholera and diarrhœa.—*London Lancet*.

CONCORD, N.H., Nov. 5, 1866.

CONSIDERABLE interest has been excited in this city lately by the trial of the case of Richard M. Ordway *vs.* Dr. Timothy Haynes for malepractice. The cause has been on trial, for over three weeks, before the Supreme Judicial Court; and it therefore caused some surprise when the jury brought in a verdict in favor of the plaintiff for \$2,091.36; and the learned counsel for the defendant left the court-room with some not very exalted ideas of that palladium of our liberties known as trial by jury. The facts are, briefly, that Mr. Ordway fell from a building, and was brought home for dead. Dr. Haynes patched up his broken bones and brought him out again, though one leg proves to be shorter than the other, whereupon he brings a suit against the doctor for malepractice. The general opinion is that he ought to be thankful for getting out at all. The cheerfulness of the trial was much enhanced by the presence of a skeleton with which the jury have been taught physiology; and, if they improved their time, they ought by this time to know a thing or two about the structure of the human frame. Dr. Haynes, however, seems to be dissatisfied with the progress thus far, and has moved for a review of the trial, which will doubtless be had.—*Boston Advertiser.*

ETHERIZATION.—M. PETREQUIN, of Lyons, brought the subject of Etherization, the other day, before the Academy of Sciences. It seems that he and almost all the Lyons surgeons have adopted ether in preference to chloroform during the last fifteen years, and have met with no fatal cases or serious accidents, while complete anaesthesia has been promptly and effectually secured. Its free adoption at first was impeded by three circumstances which no longer prevail: 1. The defective and complicated character of the apparatus employed. These have been now superseded by a simple contrivance, termed a *sac à étheriser*, which is admirably efficient. 2. The ether employed at first was of insufficient strength, and impure. A strong, pure, concentrated, rectified ether, at 62° or 63°, is now sold for the purpose at the Lyons *pharmacies*. 3. The inexpertness of the early manipulators is now exchanged for a dexterity which induces quiet and speedy etherization; while a careful observation of the pulse and respiration secures the patient from all accidents, which are easily averted, when threatening, by temporary suspension of the inhalation. Such accidents, under ether, are always progressive, and not sudden, as under chloroform. They may be anticipated or arrested, and never present themselves with the formidable rapidity characterizing some of those induced by chloroform. M. Velpeau, while believing that the statement of the entire innocuity and prompt utility of ether, made by so important a body as the Lyons practitioners, is highly deserving the attention of the Academy, does not think the argument for its preference over chloroform at all conclusive. Many of the dangers attaching to this latter agent may also be due to its impurity or unskillful application; but, speaking from his own experience, he has employed chloroform in many thousand cases during the last fifteen years, without ever meeting with a fatal case. This, too, is the case with many of the surgeons in the best practice in Paris, and with the entire school of Strasburgh. In fact, either agent may have its useful application under different circumstances.—*Medical Times and Gazette.*

READY METHOD OF PURIFYING WATER.—We wonder that travellers do not carry with them a little bottle of solution of permanganate of potass, a few drops of which would speedily purify any water. A friend of ours, who has just returned from India, tells us he has derived the greatest benefit from its employment. At stations where the water was turbid, and tasted and smelt of decaying organic matter, he found that the addition of a few drops of the solution of the permanganate made it, in a few minutes, as clear and sweet as spring water.—*Medical Times and Gazette.*

EARLY MENSTRUATION.—Professor Hubbard communicated the following example of this to the Edinburgh Obstetrical Society (May 23, 1866). In February last a little Irish girl was brought to my clinique, by her parents, presenting the stature and development of a child of eight or ten years of age, but with the mature-looking, shrivelled face, and sallow complexion of womanhood. Her parents stated, in reply to the usual question, that “her *courses had stopped*,” and wanted to know if something could be done to “bring her round.” They said the child was eight years of age, and had been “regular” every month since she was five years old until two months ago. In reply to further questions, they said that a discharge of blood appeared regularly from the vagina, lasting three or four days; that she was uniformly in good health as other children until this suppression, since when she had become pale and listless, but retained her appetite for food. No examination of the genital organs was made; but the mammary glands presented no increase of development beyond what is common in children of her age. The expression of the eye and face, however, was that of established puberty. I am not aware that an authentic case of so early an appearance of menstruation (if this can be called such) has been recorded as occurring in a person of the white race.

Dr. Keiller remarked that the case now related seemed to be an instance of so-called *menstruation*, but the evidence adduced was only that of the parents, and not that of Dr. Hubbard, whose personal observation and opinion of the actual occurrence and character of the discharges would have been more satisfactory. He (Dr. K.) was led to make this remark, not because he doubted the probability of the facts being as reported, but because it often happened that the statements of non-professional observers were not so correct as they ought to be; for example, not many months ago a child was brought to the Edinburgh Hospital for Sick Children, and was admitted under his (Dr. K.’s) care, as a case in which, according to the mother’s report, menstruation had for some time regularly taken place. This girl was only eight years old, and on admission presented no very obvious features of undue development. She remained in the hospital under close observation for some time, but no such symptoms as those referred to by her mother appeared, and it was reasonably doubted if any thing like real menstruation had previously occurred. It could not be denied that bloody discharges occasionally took place from the utero-vaginal mucous membrane of young girls, or even infants; but it by no means necessarily follows that such discharges were, or ought to be, looked upon as *menstrual* in the proper sense of the term.—*Edinburgh Medical Journal*.

MORTALITY IN PARIS MATERNITY HOSPITALS.—Dr. TARNIER, in a pamphlet on the “Hygiene of Maternity Hospitals,” gives us details of the fearful mortality of puerperal women in Paris hospitals. In the days of Tenon, when these women were massed together—two, three, and even four in the same bed—in narrow hospital-wards, the mortality was one in fifteen. At the present day, in our spacious and well-ventilated wards,—each patient having her own bed,—the mortality is still as great. The statistics of M. Husson show, that, in 1861, the mortality in hospital of puerperal women was one in ten, whilst the mortality of those attended at their own houses was only one in one hundred and ninety-four! The women delivered at home are, for the most part, lodged in dirty, small, ill-ventilated, and badly lighted rooms: they have little or no linen or fire, and are badly nursed; and yet they recover.—*British Medical Journal*.

THE GREAT PRIZE IN ELECTRICITY.—The French Government has issued an invitation to the *savans* of all nations to compete for the prize of 50,000 frs. which will be decreed five years hence to the author who shall have discovered the means of rendering Volta’s pile economically applicable to manufactures as a source of heat, to illumination, to chemistry, mechanics, or practical medicine. The *concours* will remain open for five years, dating from April 18, 1866.—*Medical Times and Gazette*.

RAW FLESH AND BRANDY IN THE TREATMENT OF PHthisis.—The method of treating consumptive diseases by raw meat and alcohol appears, according to M. Fuster's statements, to have been attended with wonderful results. It has now been tried in no less than 2,000 cases, and in nearly all successfully. The patients increase in weight to the extent of two, three, four, or six kilogrammes, in the course of two or three weeks. M. Fuster recommends the adoption of his treatment for the following maladies: Advanced anæmia, the last stages of ague, typhus and typhoid, leucocythæmia, albuminuria, and diabetes, and also in cases where there has been great loss of blood or seminal fluid.—*Lancet*, July 21, 1866.

WE are sorry to be obliged to defer the publication of several interesting original articles. Our contributors, however, shall be honored in due time.

POISONING BY ADMIXTURE OF HARMLESS MEDICAMENTS.—Professor Melsens, of Bru-sels, reports some curious cases of poisoning effected by mixing within the animal body certain chemicals which are wholly innocuous when taken singly and separately, and which have little or no tendency to act upon or decompose each other when brought together outside of the body. The two salts known as chlorate of potash and iodide of potassium, for example, when dissolved together in water, crystallize out separately and without acting upon each other, as soon as the solution is evaporated. If the two salts be mixed in equivalent proportions, and then dissolved in water, no decomposition occurs between them, either at the ordinary temperature of the air, or when the solution is boiled, or when it is heated to 365° under a pressure of ten atmospheres. Absolute fusion of the dry salts is necessary, before double decomposition with formation of iodate of potash will occur. Nevertheless, in experiments, in which daily doses of seven grammes of a mixture of chlorate of potash, and iodide of potassium in equivalent proportions, were administered to dogs of thirty or forty pounds' weight, the animals languished rapidly and soon died, some of them in the course of a week. The symptoms and effects of the poisoning produced by the mixed salts were similar to those produced by iodate of potash, a substance well known to be poisonous. It is therefore probable, that, when a mixture of chlorate of potash and iodide of potassium is placed within the animal body, the two salts re-act upon one another, and there is formed the poisonous compound iodate of potash. The experiment furnishes another illustration of the indubitable truth, that many chemical changes take place in the animal system, which cannot be brought about under ordinary circumstances in the laboratory. It furthur suggests to physicians great caution in making new mixtures, even of harmless and apparently compatible medicaments.—*Nation*.

BOOKS AND PAMPHLETS RECEIVED.—Medical Investigator, September and October; American Homœopathic Observer, September and October; Hahnemannian Monthly, September and October; United-States Medical and Surgical Journal, October; Boston Medical and Surgical Journal, vol. lxxv. Nos. 5-14; New Remedies, Parts 1, 2, 3, 4; Text-Book of Materia Medica, Parts 1, 2; Lake Michigan, by E. M. Hale, M.D.; Optical Defects of the Eye, Laurenze; Ophthalmic Surgery, Laurenze and Moon; Boston Journal of Chemistry and Pharmacy, vol. i. No. 3.

FOR SALE.—On very favorable terms, a good homœopathic practice in a pleasant seaport town in Massachusetts. The practice is well established, and, to a well-qualified physician, will produce from \$2000 to \$3000 per annum. No other homœopathic physician within twelve miles.

Inquiries addressed to the proprietors of the "Gazette," No. 3, Tremont Temple, Boston, will receive attention.

THE NEW-ENGLAND
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OPERATION FOR IMPERFORATE URETHRA.

BY I. T. TALBOT, M.D.

THE following case, originally published in the "Journal für Kinderkrankheiten," 1856, is related in Morland's work on the "Urinary Organs" (Appendix, p. 554).

"On the 21st of September, a child was born whose urethra was discovered by the midwife to be imperforate. The penis was longer than usual, and as large as the (adult) little finger. A shallow depression was observed at the usual situation of the urethral orifice, and the appearance was such as to induce the belief that the canal was immediately beneath the depression spoken of. Notwithstanding, an incision, made over this furrow, caused much hemorrhage, but did not open the canal. The operator then ran the risk of plunging a straight bistoury for about one inch in the direction the canal ought to take, but resistance was still felt. The parents refused to allow any further efforts to be made, although the surgeon told them the child must die unless the urine could be made to flow naturally. Next day, the surgeon returned with a colleague; but their solicitations to continue operative measures were in vain. The infant, nevertheless, seemed not to suffer; it took the breast, and slept well, and no fluctuation could be felt above the pubic symphysis. The reporter of the case was long

in expectation of the announcement of the child's death, and was very much astonished to learn, that, on the morning of the 26th of September, the child's napkin had been found wet. Nature had completed the operation. The urine now flows freely."

To any one who has ever attempted the relief of imperforate urethra by incision, we need not speak of the unsatisfactory character of the operation. The extreme flaccidity of the parts, and their great vascularity, render it extremely difficult to follow the course of the urethra, or even to find it, amidst the contracted and bleeding tissues. If the imperforation extends but a short distance from the meatus, the chances of success are of course much increased; but if, as I think more frequently happens, there is occlusion of the urethra for one-half or two-thirds of its extent, it is next to impossible to follow the closed urethra through its entire length, or until the free portion is reached. I have twice seen this operation fail in the hands of skilful surgeons, and the bladder was only reached by means of a trocar.

The following cases will illustrate a new method of operating, which I believe to be practicable in most cases, and which I have never seen mentioned by any writer.

In April, 1865, I was called to see a male child, born on the preceding day, who had been unable to urinate. The penis was considerably larger than the usual size, and the glans swollen and apparently somewhat inflamed by previous manipulation. A groove, or sulcus, marked the place of the meatus, and I at first thought there was an opening through this into the urethra; but, on separating the sides of this groove, a smooth tendonous band firmly closed what was apparently the meatus, rendering it entirely imperforate. I endeavored to pass a probe through this closure, but was unable to do so. With a sharp-pointed bistoury I carefully divided a small part of this membrane at the point midway between the two sides of the glans, producing a very slight hemorrhage. A moderately sharp-pointed steel probe was passed into this incision; and, with some degree of force, the meatus, or an opening of similar size was made without ad-

ditional bleeding. A blunt probe was passed nearly half an inch in depth by means of slight manipulation performed in such a manner as to separate the sides of the canal. Here the probe rested, and could not be carried any farther without so much force as would endanger the continuity of the tissue, if, as I supposed, since there was no more hemorrhage, my probe had separated the walls of an occluded urethra. I then passed the sharper-pointed probe down to the obstruction, and with great care divided some adherent bands; and then succeeded in passing the blunt probe about an inch in depth, when it met with another obstruction, which was overcome by the steel probe as before. In this manner I continued to manipulate, meeting and overcoming the obstructions in the manner above indicated until the probe had passed to the depth of two and a half inches, when it came to a free opening, and easily passed on to nearly the full length of the instrument, say four and a half inches. The probe was curved like a catheter, and I felt certain it had entered the bladder although no urine followed it; and as I had no catheter sufficiently small to pass through the canal, I could not evacuate the bladder, even if it had been entered. I left the child with directions to watch its napkins, and see if any urine was passed, promising to see it again on the following day. At my next visit, I was told that a napkin had been taken off in the night, which seemed slightly damp in one spot, and had a faint odor of urine. I examined it, but could detect no trace of urine.

On examining the child, I found the opening made the day before was closed by a small crust or scab, which I removed, and then carefully passed the probe about the same depth as I had done before. On removing this, I succeeded in passing a No. 1 silver catheter in the same manner; and, much to my joy, the urine began to flow from the catheter, and he passed about a teacupful. To avoid the adhesion of the sides of the urethra, a flexible catheter was passed, and suffered to remain twenty-four hours; after which the child was able to urinate freely, and has had no trouble to the present time. The operation was comparatively painless, the child not taking ether

or offering any resistance, and there was not more than a drop of blood lost.

In September, 1865, I delivered a full-grown well-developed female child, which seemed perfect in every part. On the following day, the nurse told me that the babe had not passed any urine. On examination, I found the bladder was quite perceptible above the symphysis pubis: the meatus urinarius was entirely closed, presenting only a small indentation, which entirely disappeared on rendering the parts tense. I endeavored to pass a probe, but was unable to do so, the parts being entirely imperforate. I then, with the steel probe before mentioned, succeeded in making an opening at the place indicated by the indentation. Then with the common, or silver, probe, by careful manipulation, I succeeded in opening the urethra throughout its entire length into the bladder. A few drops of urine followed the removal of the probe, when the child seemed to be in very great pain. Fearing the opening was too small, I passed into the bladder a still larger probe, and then a silver director, through the groove of which the child passed nearly a teacupful of water. The child passed water freely at two different times in the following night; and though, for ten days, micturition was slightly painful, yet the child has since had no trouble from this source.

In cases of imperforate urethra from occlusion or simple adhesion of the mucous surface of the urethra, I believe the plan above described may be practised with entire success.

In a future number of the "Gazette," I shall hope to make some suggestions on the treatment of adherent mucous surfaces.

TREATMENT OF OVARIAN TUMORS BY THE APPLICATION OF ICE.

BY D. A. JOHNSON, M.D., OF CHELSEA.

CASE I.—In the autumn of 1861, Mrs. O. applied to me for the treatment of a tumor in her left side. The tumor was then apparently about the size of an egg, steadily

increasing in size, and was quite painful. An allopathic physician had been in attendance for two years, without giving any apparent relief. He unhesitatingly pronounced it an ovarian tumor.

I commenced treating the disease by the application of ice once a day, in the following manner: I rubbed the ice rapidly and lightly over the surface of the tumor for thirty seconds, followed by light friction with a dry cloth for the same length of time. This process I continued for an hour. The treatment allayed the pain in a few days. At the end of one month, the tumor had sensibly diminished; and, at the expiration of six months, it had entirely disappeared. Up to this time the patient has had no recurrence of this disease.

CASE II.—Miss C. requested my attendance for a severe pain, tenderness, and enlargement in the region of the left ovary; and, on careful examination, I found a clearly-defined tumor. Some two years previous to this, she had sought the advice of a well-known physician, who pronounced the disease an ovarian tumor, and advised "no interference with it for the present." I applied ice in the manner above mentioned, which gave her immediate relief from pain. In a short time, the tumor disappeared, and has occasioned no further trouble.

CASE III.—Mrs. C., having consulted one of the leading professors in Harvard Medical College, who pronounced her disease an ovarian tumor, so far advanced that extirpation was the only remedy, and even this of doubtful expediency, placed herself under my care. I commenced at once the ice-treatment. In about three weeks, the tumor began to diminish; and, a short time afterwards, an abscess formed where the ice had been applied. This discharged freely; and, in two or three weeks, the tumor was all gone. The sore gradually healed, and the patient is now well.

CASE IV.—This was a well-marked ovarian tumor, which, when I first saw it, was in an advanced stage. It has now been under my treatment three and a half years, with so much relief, that the patient is able to walk about, and attend to her affairs.

Several other cases of abdominal tumors have been treated by me in a similar manner; and I am convinced of the great efficacy of this treatment in retarding their growth, and even in entirely dissipating them.

A CASE OF VARIOLA.

BY J. HEDENBERG, M.D., OF MEDFORD, MASS.

MRS. —— passed through her third confinement under my care, and was safely delivered of a female child. A sister of my patient, from an adjacent town, arrived shortly after the birth of the child, spent the day assisting the nurse in the care of the mother and infant, bestowing upon the latter the usual number of kisses and caresses, and left for home at night. Daily visits were made by me for about a week, when they were discontinued, as mother and child were doing well. On the tenth day I was summoned by the nurse, who said the baby had "red gum" "very bad." I found the eruption freely sprinkled over the face, trunk, and extremities, papular, just changing into vesicular, and pronounced it small pox. "How did the baby get it?" — "You gave it to it!" were the first exclamations I heard; and, it is hardly necessary to add, I was soundly scolded and greatly blamed for bringing such a dreaded disease into the family. I could only protest I had seen no case, and knew of none in town, and, on inquiry of other physicians, could find none; that it was more likely to have been brought home by the father, who was employed in the Charlestown Navy Yard. Explanations of this kind did nothing to exonerate me; and its origin was shrouded in mystery. The disease ran its course mildly, and in due time the baby was convalescent, and but slightly marked. About six weeks had elapsed, when "aunty" was again heard from, and no little wonder had been caused by her long delay in writing or visiting her sister. At this time news was received, that she had just recovered from a very severe attack of varioloid, in which the previous vaccination had exercised little, if any,

influence in mitigating the ravages of the variolous poison. She had not written, or suffered any one to write, lest her sister or the infant should be endangered. During the day spent with her sister, she complained of having a cold. She grew worse shortly after reaching home ; and soon an eruption appeared, which, in due time, was pronounced to be varioloid. This cleared up the mystery, and many were the apologies made to me by the family.

This case is not particularly important on account of the age of my little patient, for we read, that the disease has appeared so soon after birth as to make it certain that the infection was received in *utero* ; and again, that the foetus may safely pass through it in *utero*, and the child be born bearing its unmistakable and indelible marks. The only point worthy of consideration is, that the disease was here communicated during the initial fever, and before any eruption had appeared.

DR. MARY WALKER IN LONDON.—A good deal of interest has been created of late by the appearance of Miss Mary Walker, M.D., of New York, at some of our hospitals. On the 31st ult., this lady attended the operations at the Middlesex Hospital, and witnessed the removal of dead bone from a jaw by Mr. Lawson, and an attempted reduction of an old dislocation of the humerus by Mr. de Morgan. Dr. Mary Walker has taken to her vocation quite seriously. With her it is evidently no mere passing whim. She practised medicine in New York for five years before the war broke out, then volunteered for the Federal army medical service, and served through a campaign of four years, during the first three years being with the Army of the Potomac. In the course of her military career she was taken prisoner of war, and, after four months' captivity, was regularly exchanged, the happy rebel whose freedom was thus purchased being a full-grown and moustached surgeon, six feet high. As regards Dr. Mary Walker's costume, we have only to say, that the great weight of her garments is suspended from the shoulders, very much as in the case with her professional brethren. She is strongly of opinion that the ordinary costume of women is fraught with evil from a physiological point of view, on account of the great weight of clothes being borne by the waist ; and doubtless there is much truth and sound sense in her opinion Dr. Mary Walker will make but a short stay in the metropolis, to visit the hospitals and museums. We are quite sure that our professional sister will receive every courtesy and attention at the hands of the authorities and gentlemen engaged at their studies. We may hesitate about the advisability of this lady's example being generally followed by her sex, but we cannot fail to respect the earnest purpose which has marked the step in the present instance. — *Lancet*.

The New-England Medical Gazette.

BOSTON, DECEMBER 15, 1866.

WE published, as long ago as last May, in the "Gazette," an account of the new method of producing local anæsthesia, together with a description of the apparatus of Dr. Richardson for applying the ether spray, and the modification of the same by Dr. Bigelow, of this city, adopting it for the application of rhigolene. The merit of local anæsthesia is evidently as yet unrecognized by the great body of homœopathic surgeons. This, at least, is to be inferred from the fact, that no surgical cases wherein the advantages of this discovery have been availed of have as yet been made public. Our surgeons thus far observe a remarkable and scrupulous silence on the subject. In our opinion, however, this discovery will not suffer itself to be ignored permanently. The clinical proofs of its success are now so multiplied,—it is so convenient, so harmless, and so easily applied, that it will certainly find favor with the profession at large. There are often cases in minor surgery, arising in the practice of physicians and surgeons, where the operation indicated seems too trivial to warrant the induction of complete anæsthesia by chloroform or ether; and yet through fear, or extreme sensibility of the patient, the operation is rendered too important to be borne without the influence of some narcotic. For instance, in a felon, where the inflammation is periosteal or fibro-synovial, and an early incision is plainly indicated; or in carbuncle, where, at the very onset of the affection, a deep crucial incision, notwithstanding its apparent barbarity, is imperatively demanded, and, relatively speaking, the most humane form of

treatment; and in scores of other cases, presenting difficulties of a similar nature,—the introduction of Richardson's method will prove most timely and serviceable. Local anæsthesia is not likely, of course, to supersede the use of chloroform or ether in capital operations; although some of great magnitude, namely, those of Cæsarian section and ovariotomy, have been performed very successfully through its aid.

Dr. Richardson claims, that, in the Cæsarian section, it proved superior in several respects to complete anæsthesia. He says:—

“The advantages of the local method were these:—

“1. The operation was painless: the pain that was felt was the pain of labor, and that in the lightest and shortest degree.

“2. The patient, prior to operation, was disposed to vomit. Under chloroform she would almost certainly have vomited during the operation: the intestines would thus have been brought into the wound, and the operation would have been prolonged, and made more serious. There might also have been after-vomiting. The tendency of the local anæsthesia was to check vomiting.

“3. The action of the cold checked hemorrhage. I do not think three ounces of blood were lost.

“4. The action of the cold in producing uterine contraction was in every sense beneficial.

“5. The patient was not subjected to shock. I have often, in deep sleep from chloroform, seen symptoms of shock as the knife entered the flesh, and have felt the heart stop as sharply as though a blow had been inflicted on it. By the local anæsthesia the patient, in her full natural power, was subjected to no kind of cardiac embarrassment.

“6. The consciousness of the patient was an advantage to the operator. She never was restless, she never moved her body for a moment, and when she was once asked not to bear down with the diaphragm, she obeyed immediately.

“7. During the operation there was not the remotest anxiety that the patient would die from anæsthesia.”

The operation for fistula, phimosis, removal of tumors in the breast and other portions of the body, the opening of deep-seated abscess and felon, amputation of fingers, removal of the toe-nail, the extraction of many hundreds of teeth, have been

performed, in nearly every instance, with complete immunity from pain on the part of the patients.

Dr. Clarke, of New Bedford, writes us as follows, in regard to three cases in which he has applied the spray of rhigolene, and succeeded in producing complete insensibility to pain :—

“ The first case was that of abscess on the back of the hand. The result was satisfactory in every respect. The second was abscess in the breast of a young married lady. It was superficial, involving merely cellular tissue, and was situated over the gland near the nipple. The operation of opening was painless ; but the abscess has discharged a long time, and there has been swelling and pain as though another abscess were forming. The third case was that of extirpation of a tumor on the brow of a young lady. The operation of the apparatus was not successful after the first cut was made, owing to circumstances unnecessary to mention : but what I wish to call attention to, is the fact, that the wound, which ought to have healed by first intention, and seemed likely to do so at first, afterwards became irritable, and then was erysipelatous inflammation developed: The wound finally did well ; but, while nothing very unusual appeared in its course, yet it did not seem to do so well as it promised at first. Do you hear of any similar complaints in regard to the secondary effects of the freezing process ? ”

If any of our readers have used the rhigoline or ether spray, we shall be very glad to have the results of their observation, especially upon the points desired by Dr. Clarke. We have used both the rhigolene and ether in a few cases of superficial abscess, and in every respect the result has been satisfactory. We learn also from Dr. Talbot, of this city, that, in some dozen cases of abscess and felon, the result in his hands of the rhigolene spray has been satisfactory, both in regard to the production of insensibility in the frozen part, and in respect to the after-effects. In conclusion, we may add, that local anæsthesia by means of the ether spray has been found curative in several cases of neuralgia ; lumbago, and rheumatism in the shoulder, have been relieved ; and it promises to be very serviceable in all affections, inflammatory or otherwise, where extreme cold is desired.

THE GAZETTE AND ITS FUTURE.—We trust that it will not be a matter of indifference to our patrons, to hear that the "New-England Medical Gazette" is to be continued, and that it has been a success,—an unprecedented success, when we take into consideration the fact, that this is but the last number of the first volume. The "Gazette" has been fortunate enough to receive many compliments for its appearance, for its literary ability, and for its management generally, during the year. Its faults (of which we have always been painfully conscious) have been generously overlooked, so that whatever has been said of it, so far as we know, has been in its praise. For all these things the publishers and the editor beg to return their thanks, and to promise their best efforts in the future to make the "Gazette" worthy of its friends. For the coming year, we respectfully solicit practical contributions from all parts of the country, and we propose the new, and we trust acceptable, feature of *paying for all accepted articles*, from whatever source; and short, practical, and pointed articles will always be acceptable. We have the promise of regular contributions from some of the ablest writers in the country, and the editorial department will be strengthened by the addition of a well-known name. The size of the "Gazette" will remain the same as at present; but we shall from time to time increase its pages according to the press of matter, as we have done during the past year. Notwithstanding the expense attendant upon the introduction of the new feature of paying for original articles, the price of the "Gazette" will remain at two dollars per annum. Subscriptions for 1867 may be enclosed to the address,

S. WHITNEY, M.D., *Treasurer,*

DECEMBER 15, 1866.

No. 3, Tremont Temple, Boston.

Surgical Clinic of La Charité. Lessons upon the diagnosis and treatment of Surgical Diseases during the month of August, 1865. By Professor VELPEAU. Edited by A. Regnard, and translated by W. C. B. Fifield, M.D. Boston: James Campbell, 18, Tremont Street. 12mo, pp. 104.

THIS little book is, as the translator expresses it, "the latest utterance of the King of Surgeons." It is full of practical and progressive

ideas, and in our opinion is better worth attention than many surgical treatises of five times its size. Velpeau places great reliance upon the restorative powers of nature, and frequently allows her to take her course without the interference of splints, bandages, or artificial supports of any sort. In regard to fracture of the thigh, he remarks :

" You have doubtless heard of innumerable machines invented for treatment of fractures of the thigh, all having for their object continuous extension, designed to oppose shortening. Let us look at the means I employ. I leave the patient laid upon the back, the thigh extended, the ham lightly flexed upon a pillow. A crupper, round towel embraces the ischium, and is fixed at the head of the bed for counter extension. A stirrup-bandage at the level of the malleoli allows the fixing of two tapes attached to the foot of the bed for extension.

" With this apparatus, easily comprehended and applied, easy to find and to fabricate, you obtain a cure, with two or three centimètres of shortening, and not fatiguing the patient in the least.

" Not a long time ago, I made the remark that this slight shortening is not an inconvenience, and *never causes lameness*."

Speaking of fracture of the neck of the humerus, he says :—

" For those of the neck of the humerus, anatomical or surgical, the treatment is most simple. It consists, the displacement being reduced, in maintaining the limb fixed against the side of the chest, and parallel to its axis. But never neglect to interpose between the arm and the thorax pads of wadding, without which you will run the risk of seeing inflammation and suppuration brought about by the contact of the naked flesh.

" These fractures of the anatomical neck have also shown, that, contrary to the general belief, they unite well. Although the head may be somewhat a foreign body, nevertheless consolidation is effected as in other cases."

And of fracture of the scapula, he remarks :—

" Note it well, there is no apparatus to be applied ; the cure is made without any.' As to simple fractures of the ribs, they generally cure themselves ; pain is the only symptom to which it is necessary to address any remedy. Nevertheless, what machines have been imagined ! J. L. Petit, Duverney, Boyer, has each his own. Lisfranc invented placing upon the sternum on one side, upon the spine on the other, mountains of compresses, tightening the whole by aid of a bandage, in a way to crush the patient from before, backwards, in order to make the costal arch spring outwards ! A simple bandage round the body, maintained fifteen days, brings about the cure."

These lessons present an epitome of the diagnosis and treatment of 896 surgical cases. The work is concise and interesting in style, well translated; and more than worthy the slight outlay in money and time necessary to its mastery.

CHARCOAL PEGS FOR ACTUAL CAUTERY.—These are lighted and burn like a cigar, the end being somewhat pointed. They should be applied in a direct horizontal line, because pressure sideways would break the point. The composition is as follows : Powdered charcoal, 300 grains ; nitrate of potash, 22 grains ; gum tragacanth, 75 grains ; water, 360 grains. Mix into a mass, and roll it into the shape of ordinary lead pencil, about three inches long. Very few ashes are yielded ; and, when any form, they may be blown away, the current of air thus keeping up combustion.—*Lancet*.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

SEMI-ANNUAL MEETING.—MORNING SESSION.

THE Society met at Meionaon Hall, Tremont Temple, Boston, on Wednesday, Oct. 10th, at 10 o'clock, A.M.

The meeting was called to order by the president, S. M. Cate, M.D., of Salem, who delivered a brief address, which, on motion of Dr. Scales of Woburn, was referred to the Committee on Publication.

The proceedings of the last meeting were read and approved.

The report of the Executive Committee was read and approved.

The following persons were then elected members of the Society, *viz.* :—

Charles H. Burr, M.D., Portland, Maine ; William Lougee, M.D., Lawrence, Mass. ; Ezekiel Morrill, M.D., Beverly, Mass. ; Henry Ahlbom, M.D., Lynn, Mass. ; Lewis Whiting, M.D., Danvers, Mass. ; W. H. Sanders, M.D., Newton Corner, Mass. ; Richard Hodgsdon, M.D., Stoneham, Mass. ; William Pearson, M.D., South Hadley Falls, Mass. ; D. Whiting, M.D., Boston, Mass. ; W. P. Gambell, M.D., Boston, Mass. ; H. P. Shattuck, M.D., Boston, Mass. ; H. B. Cross, M.D., South Boston, Mass.

SUBCUTANEOUS INJECTIONS.

Dr. F. H. Krebs, of Boston, read a paper upon Subcutaneous Injections in which he argued against the use of empirical remedies by that method, and read cases illustrative of the dangerous effects of medicines so exhibited.

Dr. Samuel Gregg, of Boston, related a case of severe neuralgic pain in the left shoulder of a patient, which resisted the action of remedies administered in the usual way, but promptly yielded to the remedy deemed appropriate, applied by subcutaneous injection.

Dr. David Thayer, of Boston, remarked that he had used subcutaneous injections of Morphia and Atropia into left arm with good effect, and had observed instantaneous dryness of the buccal cavity to follow the injection of the latter substance. Afterwards, in proving Atropia, he found dryness of the mouth to be one of its most distinctly elicited symptoms.

Dr. Krebs said he did not wish to be understood as making unqualified objection to the application of medicines by the method under discussion, but only to their indiscriminate use. He wished to admonish physicians against the subcutaneous injection of medicines the effects of which upon the human system they are not fully acquainted with, and thought it better, generally, to administer the appropriate remedy in the usual way.

Upon motion, the thanks of the Society were presented to Dr. Krebs for his interesting paper, and it was referred to the Committee on Publication.

SILICO-FLUORIDE OF CALCIUM.

Dr. A. J. Bellows, of Boston, read a paper upon the use of the above compound against "certain forms of Scrofula, especially Goitre, and other enlargements of the glands of the neck." He had given the medicine to at least forty different patients, and carefully watched its effects in all important cases; and whenever it had disappointed him, as it sometimes had, he had found on review, either a mistake in diagnosis, or an error in the dilution or administration of the remedy.

GALL-STONES.

Dr. Knight, of Marlborough, reported two cases of Biliary Calculi promptly relieved by China 1 every three hours.

The paper read by Dr. Bellows and the report of Dr. Knight were, on motion, referred to Committee on Publication.

Otis Clapp, Esq., of Boston, was introduced to the Convention, and read a paper explanatory of "the conditions and prospects of the Hahnemann Life Insurance Company, of Cleveland, O.," of which he had been appointed agent for New England. Before accepting the agency, he went to Cleveland on invitation of the President of said company, and made "a thorough examination" of the foundations upon which it is based, and satisfied himself that "the Institution is exactly what it purports to be."

The company "appeals for support only to the patrons of Homœopathy. It is the pioneer company in the United States. Its Secretary is an energetic and untiring manager, and holds a proud position among the most intelligent and reliable life underwriters in the country."

Dr. H. L. Chase, of Cambridge, chairman of the Committee on the Materia Medica, reported the doings of said committee, inclusive of a proving of *Artemesia Abdronum* by Dr. A. M. Cushing, of Lynn.

On motion of Dr. Scales, of Newton, it was voted, that the editor of the "New England Medical Gazette" shall have the privilege of publishing any papers presented to this Society, or in its archives.

Dr. E. U. Jones, of Taunton, chairman of the Committee on Clinical Medicine, read the report of said committee, which was, on motion, accepted.

The hour of one o'clock, P.M., having arrived, the Society adjourned to the Social Hall of the Temple, and partook of a bountiful collation provided by the Committee of Arrangements.

AFTERNOON SESSION.

At half-past two o'clock, P.M., the Society re-assembled.

Dr. S. M. Cate, of Salem, made a report of the Committee on Publication.

A volume of 500 pages of essays, papers, and transactions of the Society, will very soon be published, and distributed to the members.

With the view to preserve in enduring and available form much valuable accumulated materials, and to connect the infancy and child-

hood of homœopathy with its present adulthood, to show its beginning and progress to the present time in Massachusetts, the Committee on Publication have carefully examined the records of the proceedings of the homœopathic societies of Massachusetts, under their several names, up to the date of the organization of the Massachusetts Homœopathic Medical Society,—embracing the period from 1840 to 1860,—and carefully selected such communications, papers, clinical experiences, and items of history as it thought would be of interest and value to the homœopathic profession.

This material the Committee desire and hope to be able to publish by subscription. It will make a volume of several hundred pages, and it is proposed to publish it in style uniform with the volume of proceedings of the Massachusetts Homœopathic Medical Society now in the hands of the printer, and to call it volume 1,—the first volume of the proceedings of the Massachusetts Homœopathic Medical Society to be called volume 2.

TYPHOID FEVER.

The President announced *Typhoid Fever* as the subject now before the Society for discussion. In opening the discussion, Daniel Holt, M.D., of Lowell, said that he did not know how the society regarded Typhoid Fever,—whether Typhoid and Typhus Fever were to be considered as identical or distinct diseases,—thought it immaterial whether they be considered the same or distinct, the point being, homœopathically, to select and apply remedies corresponding to the various phases of the sickness.

Dr. Holt said that he believed that epidemic fever had one cause. If fever is prevailing in any particular locality, though there may be two varieties of eruption, and other dissimilar symptoms, it is safe to assume that the fever proceeds from the same cause. The Typhoid Fever is more variable in its symptoms than almost any other. Allopaths are taking the ground that it is a self-limited disease, and cannot be abridged by treatment. He disbelieved this theory, and thought remedies properly chosen efficacious to modify and limit the disease.

Related cases in which Bell., Capsicum, and Mercurius, corresponding to special symptoms, were given with striking effect, but generally relies upon Bryonia in the incipient stage. Later, when sweating becomes a prominent symptom, gives Mercurius; and in a more advanced stage, when dry mouth, black lips, and diarrœa become special features of the disease, relies upon Rhus tox. and Arsenicum. In the stage of exhaustion, or sinking condition, gives generous diet.

Dr. Thayer, of Boston, said he thought it a waste of brains to discuss distinctions between Typhus and Typhoid Fevers. He regarded them as the same, only different in degree. Thought Typhoid Fever a comparatively rare disease in Boston; is of opinion, that, in the country, where the fever chiefly prevails, it results oftener from a foul, damp state of cellars than any other cause. When called to cases

of Typhoid Fever in the country, he examines the cellar, and, finding it damp, or filled with the odors of decaying vegetables, has it dried by fire, fumigated with smoke, &c. Thinks the foul air of a cellar often pervades a whole house, and acts as a poison to persons in a state of exhaustion.

Dr. Morse, of Salem, suggested that the explanation of the preference of Typhoid Fever for country localities might be found in the fact, that, in the country, families mostly live and sleep on the first floor of their dwellings, while in the cities they generally live and sleep on the second and upper floors.

Dr. Holt thought that the cause might possibly be found in the imperfect sewerage of the country,—the common habit of flowing the waste water of sinks and the drainings of privies into gardens, &c.

Dr. Nute, of Roxbury, said that the origin of Typhoid Fever was generally supposed to be a miasma floating in the air; and that, however defined and classified, it was, after all, a continued fever, having an ordinary duration of five weeks in its aggravated form, and of three weeks in its mild form.

Dr. Lowe, of Bridgewater, related his observation of Typhoid Fever in the army hospitals. It was generally traced to exposure on the damp ground. He had seen but little Typhoid Fever in his own practice, but a good deal of Typhoid Dysentery. In one case his patient craved watermelon, which he allowed, and patient made a good recovery.

Dr. Scales, of Newton Corner, had known the fever to prevail in a high, dry locality, away from all known sources of origin.

Dr. Samuel Gregg, of Boston, thought that Typhoid Fever was developed by a predisposing cause. Sitting upon the damp ground, improper eating, &c., might be the exciting cause. Thought the fever might be often modified and abridged by homœopathic treatment. In the early stage, by proper treatment, it will often be so modified as to run a mild course. He don't regard it as a self-limited disease, in an unqualified sense.

Dr. Giles Pease, of Boston, said that when practising in the country, some years ago, he had six consecutive cases of Typhoid Fever in one house. On examining the cellar, he found vegetables there in a state of decay, air foul, &c. Patients slept on lower floor of house in damp rooms. His experience in treating the fever was that Bryonia and Rhus were indicated oftener than other remedies.

Dr. Pierce, of Charlestown, remarked that, when practising in a high, mountainous region in New Hampshire, some years since, the Typhoid Fever prevailed there one year with great fatality; but, during several subsequent years that he practised in the same locality, it was scarcely known there at all.

Dr. Scales, of Woburn, said that he had been in the habit, latterly, of giving *Baptisia* in tincture or dilution, according to the susceptibility of the patient, in all cases of fever corresponding to incipient typhoid, and had almost invariably found it efficacious to arrest the fever.

Dr. Gallinger, of Concord, N.H., said that Typhoid Fever was a very prevalent disease in New Hampshire,—more than 50 per cent of the cases that he had attended during the last year occurred in high, dry localities, and light, well-ventilated dwellings. He had found Aconite 0, five or six drops in half a glass of water, an efficient remedy in the early stage of the fever. If Aconite failed to cut short the disease, he usually followed with Bryonia. Diarrhœa had been quite a constant symptom in the early stage of the fever, and had not yielded readily to the usual remedies. Dr. Gallinger considered that there was a marked distinction between Typhoid and Typhus Fever.

Dr. Cate, of Salem, remarked that in those cases in which the disease seemed especially to impress some particular organ of the system, he had been in the habit of addressing treatment to that special feature of the disease, and, on removing that, he had found the disease usually to run a mild course. In his experience he had observed, that, unless the fever was interrupted during the first week, it would run on three or four weeks.

Dr. Talbot, of Boston, stated that a large proportion of the cases of Typhoid Fever that he had seen originated out of town, and related the history and treatment of two interesting cases, one of which, on the forty-second day of its duration, seemed to be rallied to convalescence by the application of the cold pack.

Dr. Thayer related the history of a case of Typhoid Fever in which epistaxis was a troublesome and alarming symptom, occurring almost daily. The epistaxis was finally arrested by Carbo veg. 3, which he has since uniformly found efficacious in the same affection.

Dr. Pike, of Boston, stated that he had been for years subject to attacks of profuse epistaxis, of which he thinks he has been permanently relieved by the use of Carbo veg., which was suggested to him by Dr. Thayer.

The president, Dr. Cate, read a slip from a Worcester paper announcing the formation of a Homœopathic County Society for the County of Worcester.

Dr. Talbot announced that a Homœopathic Society had been recently organized in the County of Bristol, making three local homœopathic societies in Massachusetts.

Dr. H. C. Angell, of Boston, moved that a committee of five be appointed by the chair to consider the propriety of forming a New England Homœopathic Medical Society.

The motion was seconded and adopted; and the chair appointed the following persons to serve as said committee, viz.:—

Drs. H. C. Angell, Samuel Gregg, L. Macfarland, of Boston, W. F. Jackson, of Roxbury, and Daniel Holt, of Lowell.

The following persons were proposed for membership, and approved by the board of censors, viz.:—

Joseph W. Hayward, M.D., of Taunton; D. Packer, M.D., of _____; Edwin A. Knight, M.D., of _____; C. D. Herbert, M.D., of Reading; William C. Cutter, M.D., of Chelsea; John

Turner, M.D., of Boston ; G. C. W. Morse, M.D., of Concord ; G. B. Sawtelle, M.D., of East Boston ; G. H. Smith, M.D., of Melrose ; O. D. Cargill, M.D., of Milford ; H. E. Spalding, M.D., of Hingham.

This was the largest semi-annual meeting of the Society ever held, seventy members being in attendance.

The next meeting of the Society will occur on the second Wednesday of April, 1867.

At six o'clock, P.M., the Society, on motion, adjourned.

L. MACFARLAND, M.D.,
Recording Secretary.

The "Ohio Medical and Surgical Reporter" is to be the name of a new aspirant for the favor of the medical profession. The prospectus will be found in our advertising department. There is room for it, and we trust it will be successful.

ON EXTREME SURGICAL TENDENCIES OF PATHOLOGISTS, AND ON THE DIVISION OF THE CERVIX UTERI.—Dr. TILT, in a paper read before the Obstetrical Society of London, July 4, 1866, deprecated the extreme surgical tendency that seemed to characterize the present epoch. He gave, as a proof of this tendency the frequency with which operations have been discussed at medical societies, the unnecessary multiplication of surgical instruments, and the warmth with which their invention or modification was supported. He likewise noticed two books which have lately appeared: one, a very important work by Dr. Marion Sims, in which constitutional means of curing diseases of women were almost completely ignored; and another, by Mr. I. B. Brown, in which it was recommended to cure hysteria, epilepsy, and insanity by amputation of the clitoris. Dr. Tilt stated that he had known the division of the cervix uteri to have been frequently performed or recommended in cases where he was able to pass the uterine sound; and he submitted that no practitioner was warranted in dividing the cervix, either for sterility or dysmenorrhœa, when the cervical canal had that width, as microscopic animalculæ could find no difficulty in ascending where the uterine sound could pass. He alluded to the difficulty of passing a sound into the virgin womb, which did not interfere with the frequency of conception, in young women, soon after marriage. The author's experience led him to believe that the utility of dividing the cervix uteri had been unintentionally exaggerated. There was no statistics to show that conception was frequent after the operation; and he had frequently been consulted by those who had been operated upon during the last ten years, and who had remained barren. Dr. Tilt argued that there was so great a tendency on the part of the divided surfaces of the cervix to re-unite, that the operation was generally useless unless followed up by dilatation; and he thought that, in the majority of cases of uterine stricture, dilatation was the safest and best way to relieve dysmenorrhœa and to facilitate conception. He wished the division of the cervix to be restricted to cases where the cervical canal was extremely narrow or the cervical walls very hard; and to cases wherein dilatation had proved a failure, or where there was flooding from uterine fibroids. He reserved his opinion respecting the value of the operation in cases of uterine displacement or of malformation; and deprecated the operation being resorted to as a kind of *pis aller* in those intractable forms of uterine disease in which relapses depend either on a congenital unhealthy tendency of the organs of generation, or on some deeply rooted constitutional taint. Dr. Tilt mentioned that in three of his patients the operation had been performed without the knowledge of the patients or their friends, and he took occasion to remark that this did not accord with the usually received notions of medical ethics.

Dr. Henry Bennet thought that Dr. Tilt deserved the thanks of the Society and of the profession for the paper read that evening. Although for the last

seven years ill health had kept him out of active practice, he had continued to take the liveliest interest in uterine pathology, and had made himself acquainted with all that had been written and said on the subject. As a result, he was deeply impressed with the idea that the therapeutics of uterine disease had taken of late too surgical a direction; and he thought, like Dr. Tilt, that this tendency required restraining, limiting, directing. After a seven years' absence from the debates of the Society, he could not but feel that it was passing strange that he should have to rise as a conservative, and that in the very arena where he had many a time, in former days, defended progress, and where he had been opposed and stigmatized as a rash innovator. When he commenced practice in London, twenty-three years ago, uterine therapeutics comprised little else but the treatment of cancer, tumors, prolapsus, and constitutional conditions. The most continued and irrational opposition met his efforts to establish more correct views,—to demonstrate that physical means of investigation were as imperatively demanded in the study and treatment of diseases of the uterus as in those of diseases of the heart, lung, bladder, rectum, &c. By degrees, however, the more reasonable ideas gained ground, and the senseless opposition to the progress of science was vanquished. Now it had entirely ceased, and had become a mere remembrance of the past. Indeed, as stated by Dr. Tilt, the danger rather appeared to be in going too far the other way, and interfering too much. This seemed probable when a recent surgical work on female diseases, written by a clever, experienced, laborious American surgeon, his friend, Dr. Marion Sims, proposed division of the cervix uteri on both sides, down to its vaginal attachments, as a remedy for all kinds of morbid conditions, for various deviations, and for sterility. Indeed, the doctor, in one page, stated that he and his colleague in the Female Hospital at New York performed this operation five hundred times in two years. Again, many recent writers and operators seemed imbued with the idea, that the passage through the cervical canal to the cavity of the uterus ought to be, what might be termed metaphorically, as open "as a carriage door," constantly finding stricture therein, for which they operate by ruthless divisions, if it is not so. He (Dr. Bennet) believed that this view was founded in error, and that the greater part of these cutting operations were not in any respect called for or necessary. He believed also that this error would not be so constantly made were his discovery of a sphincter at the os internum recollected or recognized. This sphincter was a vital contraction of the circular fibres of the cervix at the os internum, similar in function to the sphincters which closed other cavities,—the stomach, rectum, bladder. When the cold uterine sound reached it, it contracted, and impeded its entrance into the uterine cavity, and a stricture was declared to exist. A wax bougie, No. 4 or 5, on the contrary, its extremity warmed by the hand, and slightly curved to the shape he had described as that of the uterine passages, generally entered with ease. The patent condition of the cervical passages which these authors appeared to consider necessary for conception was not natural, and certainly not necessary for the entrance of microscopic spermatozoa. It must not be forgotten either, in treating of sterility, that in England one married woman in six is sterile; in America, according to Dr. Marion Sims, one in eight. The causes of sterility were very numerous, and were not to be removed merely by cutting a royal road for the spermatozoa. Moreover, these divisions of the cervix healed up, and in a few months the narrowed condition was as bad or worse than ever in most cases. Twenty years ago, at Sir James Simpson's instigation, he operated in many cases, and all but abandoned the operation on account of these relapses. Since then he had generally used very small sponges if he wished to dilate, and had never once had an accident. The attacks of inflammation that had occurred in the hands of others had no doubt been caused by the attempted dilatation of inflamed tissues. The cervical canal ought to be perfectly sound when it was interfered with. In conclusion he repeated that he quite agreed with Dr. Tilt that the uterus is now-a-days too frequently interfered with surgically, and that the indications for operations required better defining.

Mr. Baker Brown said he thought the paper was brought forward at a most appropriate time; for he perfectly agreed with the author, and with the observations of Dr. Henry Bennet, that operations upon the cervix uteri were performed too frequently, and without proper regard to preparatory and subsequent treatment. He was glad to have the opportunity of stating before the Society, in the

strongest language, his reprehension of the rashness with which this operation was performed in both the out-patients' department of hospitals and the consulting rooms of the operator. He had always taught that the operation of dividing the os and cervix uteri was one of great danger; and although he had performed it a vast number of times, he had never done so without careful preparatory treatment, and the most absolute rest for two or three weeks after the operation. He thought the danger was also increased by the frequent division of the internal os. For his own part, in all cases of flexions, he simply divided the cervix up to, but not through, the internal os; but in all cases of uterine hemorrhage or intra-uterine fibroid tumors, he then carried his incision through the internal os. In all cases, immediately after the operation, he plugged with oiled lint, and took every precaution to prevent the admission of atmospheric air. He believed the neglect of these precautions would generally account for the untoward results which so frequently followed the operation. He could confirm all that Dr. Bennet had said as to the opposition and persecution he had met with in reference to his treatment of uterine diseases; and when he reflected how triumphantly Dr. Bennet had overcome all his opponents by the truth of his practice, he (Mr. Brown) felt consoled for the opposition he received for publishing the results of his experience on a subject of which he as yet confessed himself to be but a learner. But as he had always, through a long professional career, immediately published any innovation which he had believed to be practically useful, so he would continue unto the end, feeling sure that the majority of the profession would always honestly investigate any thing which he might place before them.—*Lancet.*

THE CHOLERA IN ST. LOUIS.—Since the last number of our journal went to press, we have been in the midst of a fearful epidemic; an epidemic of so awful and fatal a character, that, for a time, the panic than it caused stagnated most of the business of our city, and drove thousands of the inhabitants to seek refuge in those places where the terrible scourge, if not unknown, was at least of a less violent character. The reports of the number of cases and deaths from cholera are, up to this time, not accurate, but sufficient is known to justify the assertion that cholera has been far more fearful in this than in any other city in America. Only those who have passed through such times of pestilence can be aware of the paralyzing effects produced thereby. Cholera was the word in every one's mouth. The long array of deaths published in the daily prints, the vast number of funerals that passed along our streets, the coffins piled in front of the health-office, the inability of many to procure hearses for the burial of their friends,—baggage-wagons and express-carts serving as the funeral procession,—the tar fires lighted at the corners of the streets by night, and the constant passing to and fro of the vehicles of physicians, all proclaimed aloud that pest, of a most malignant nature, was rife in the city.

According to the observations of the best-informed medical men on this subject, it is believed that the deaths from cholera in New York will not, during the year, exceed five hundred. Up to the 17th day of August, according to official information, the deaths from cholera, in that city, have been but two hundred and forty-seven. In this city, during the height of the epidemic, that number perished in two or three days.

There can be no doubt that the virulence of the cholera in St. Louis is mainly to be attributed to the imperfect drainage, to the ponds that surround the city in almost every direction, and to the large surfaces of newly "made ground," formed by filling these ponds with earth from other sections; thus making one of those conditions which are regarded by Pettenkoffer and the Bavarian Commission as the most essential requisite for the rapid spread of the disease.

As is usual, the peculiarity of the most fatal cases always occurring in the commencement of the epidemic was again noticed in this invasion,—probably the disease was the most violent from August the 10th to August the 24th, although it raged with considerable virulence for some weeks thereafter. The increase in the disease may be inferred from the number of deaths taken from the health-office reports: On Friday, July 13, the report for the week showed 122

deaths; on Friday, July 20, there were 183 deaths; Friday, July 27, 190 deaths; Friday, Aug. 3, 203. On the 10th of August, no report was furnished, perhaps it being considered better that the inhabitants should not be made aware of the presence and spread of the disease.

On the 17th of August, the mortuary report showed the appalling number of 895 deaths, and on August the 24th, 1,156. The disease then began very gradually to decline, as follows:—

August 26, deaths from cholera, 90.
" 27, " " " 80.
" 28, " " " 73.
" 29, " " " 63.

And, for the week ending Aug. 31, the report shows 429 deaths from cholera. But this last report is very imperfect, and indeed there is reason to believe the mortuary record has fallen short of many deaths that actually occurred. The records of deaths are taken from the certificates at the different cemeteries; but there were many interments from the Quarantine, the Small Pox Hospital, which were made at Arsenal Island, besides those of many who were sent thither from all quarters of the city, which are not actually known. This imperfection is very readily explained when it is remembered that many of the unfortunate, dissipated, houseless, and forsaken wretches, who, when taken with the cholera, die in a very few hours, whose bodies it is absolutely necessary to immediately remove; and that these are brought in large numbers to the health-office and public charities of the city, to be immediately interred in the public burying-grounds, to make room for others of the same class. This, with the immense press of business that crowds itself into the days when a severe epidemic is rife, will account, at least in a measure for this, discrepancy.

We are credibly informed, that, during the fourteen days before alluded to, when the epidemic was raging with its most fearful violence, two or three trains were sent down the Iron Mountain Railroad to the Arsenal Island grounds, loaded with the bodies of the unfortunates. From this period the infection appears to have steadily declined; for the week ending Sept. 14, 1866, the whole number of deaths in the city were 522, of which about 300 were from cholera.

The phenomena presented by this epidemic, particularly the algid, were reported by those who have passed through the periods of 1832 and 1849, as being very different in this from former epidemics; giving rise to the fact that many intelligent laymen and well-educated and observing physicians actually denied the existence of cholera, while we were in the midst of the epidemic. Of this and the peculiar symptoms of the disease, more notice shall be taken in another place. The great feature in the most fatal cases was the *Asphyxia*, rapid, terrible, complete; and to this epidemic, if objection be made to the term *Asiatic*, *Asphyxia* will be the appropriate name.

It may not be uninteresting to compare the statistics of the epidemic of 1849 with those we have already given of 1866. They are as follows: In the four weeks ending Jan. 30, the number of cholera deaths was 83; to Feb. 26, 37 deaths; March 27, 62 deaths; April 30, 129 deaths; May 28, 541 deaths; June 25, 1,271 deaths; July 30, 2,250 deaths; Aug. 27, 53 deaths; Sept. 24, 12 deaths; Oct. 22, 9 deaths. These figures make a fair estimate of the scourge of 1849, and include periods of about four weeks. In this report, to render a fair comparison, it is necessary to remember, that, in 1849, the census of the city was 63,781, while the present year the population of St. Louis is somewhat over 204,000 souls. With reference to treatment, modes of death, results and records of cases, we shall have to speak hereafter. When the city and the people have, in a measure, recovered from the blow, and are prepared to look calmly and dispassionately on the whole matter, then better reports and accurate and extended observations will be made, which will be of great interest to ourselves and the community at large.—*W. T. Helmuth, M.D., in Western Hom. Observer.*

PROGRESS OF CHOLERA IN EUROPE. GREAT BRITAIN.—“The cholera matter,” says the Registrar-General in his last weekly return, “is now diffused very equally all over *London*, and as the waters of the upper *Thames*, of the *Lea*, and

of the wells become infected, the utmost exertions of the authorities will be required to insure its decline." By whatever mode the disease has been disseminated, we cannot help feeling, that possibly, if more energy had been exhibited at the outset by the authorities, and, above all, if the population had been more intelligent and less apathetic, we should not now be lamenting a stationary, instead of a declining, course of the pestilence.

Two things are clear, — first, that at its birth the present outbreak was restricted almost exclusively to one locality; in fact, it was essentially a local epidemic, whose origin has been explicitly defined, and is now probably everywhere tacitly accepted as determined; and, secondly, that in the course of a few weeks the localized characteristics of the epidemic have disappeared, and it is now become general throughout the metropolis, although, happily, in a greatly modified degree of virulence. The following table, showing the distribution of the deaths during each week of the epidemic period down to the latest date, will best illustrate the nature and time of the transition in its character, and will be useful as an authentic record of the progress of the disease: —

GROUPS OF DISTRICTS.	Weeks ending													Total of 13 weeks.
	July 7.	July 14.	July 21.	July 28.	Aug. 4.	Aug. 11.	Aug. 18.	Aug. 25.	Sept. 1.	Sept. 8.	Sept. 15.	Sept. 22.	Sept. 29.	

CHOLERA.

LONDON	14	32	346	904	1053	781	455	265	193	157	182	150	177	4714
West districts . . .	3	2	11	12	12	8	7	3	6	12	10	14	12	112
North districts . . .	1	4	6	20	46	38	15	12	15	20	27	28	33	268
Central districts . . .	1	3	1	15	32	23	16	13	9	12	20	19	28	192
East districts . . .	3	20	308	818	916	673	369	198	122	74	77	56	55	3389
South districts . . .	6	3	20	39	47	39	48	39	46	39	48	33	46	453

DIARRHŒA.

LONDON	102	150	221	349	354	264	194	129	128	132	110	98	67	2298
West districts . . .	16	18	37	48	46	31	28	15	12	18	14	11	9	303
North districts . . .	23	37	54	78	79	51	40	21	24	19	11	19	11	467
Central districts . . .	18	28	31	44	42	31	22	13	18	14	15	17	17	310
East districts . . .	26	37	60	123	125	101	63	41	43	44	35	24	18	740
South districts . . .	19	30	39	56	62	50	41	39	31	37	35	27	12	478

It will be observed, that, in the thirteen weeks from its first serious appearance in London, cholera has carried off 4714 persons, and diarrhœa 2298. The sudden increase from 32 deaths by cholera in the week ending July 14 to 346 in the next week assured us that we were in for a strong fight with the old foe; another seven days saw the deaths trebled, and, in the week ending 4th August, 1053 deaths were recorded, of which number 916 occurred in the eastern group of districts. This was the maximum point of the epidemic, and for the succeeding five weeks the deaths exhibited a satisfactory diminution; but there unfortunately we are met by an increase which has had the effect of throwing us back, so that we are now in about the same position as we were a month ago. And with regard to the distribution of these deaths, the facts are very striking, as showing the gradual diffusion of the disease from its original centre. In the week ending August 4, there were, as we have said, 1053 cholera deaths registered, and 916 of them happened in the east districts; this gives a percentage of 87 deaths in one specific locality.

Of the other cities and towns included in the Registrar-General's weekly return, *Liverpool*, as ranking only second in importance to London, merits a passing remark upon the diminished number of deaths from cholera in the last week, which were 116, as compared with 159, 182, 145, 225, and 146 in the preceding weeks. From one cause or another, it seems as though a general mortality-rate double that of London is to be looked for regularly in Liverpool as a matter of course; and, taking the last twelve weeks, the death-rate from cholera and diarrhoea has been twice as great in proportion to its population as the death-rate in London from the same cause in the corresponding period.

In *Dublin*, the cholera returns show a considerable increase; the deaths in the last five weeks have been 41, 52, 55, 65, and 98.

The epidemic, according to the "Lancet" (Sept. 29), "is becoming more diffused in England. It has appeared at Wigan, and in the neighboring districts; also at Prescot in Lancashire; at Hartlepool, in Durham; at Thorne and (according to a local paper) Doncaster in the West Riding, and Pocklington in the East Riding, of Yorkshire; at Exeter and Newton Abbot, in Devonshire; in the Bridgend and Cowbridge Union and Pontypridd, Glamorganshire; Bristol and Clifton, in Gloucestershire; Leighton Buzzard, in Bedfordshire; and at Blean, in Kent. Scattered cases are also reported from other districts. In no instance, as yet, have these outbreaks proved formidable, but they show a wide and increasing dissemination of the choleraic poison which arouses the gravest fears, not only for the present, but for the coming year. Applying to the course of the epidemic in this country the experience obtained from its diffusion over the continent of Europe, it is to be feared, as we pointed out last week, that the development of the disease in this country will not terminate with the present year."

The news from the *Continent* still tells of the extension of the epidemic. In Saxony, cholera has not only broken out in Dresden, but it has appeared also in Leipzig, Bautzen, Zurichau, and Clauchau. The mortality is reported to be as yet small.

In *Christiania* the disease would seem to be slowly extending among the population. From August 16th to September 10th, 24 cases were registered, 19 of which proved fatal. All the earlier cases ended in death.

In *Belgium* and its capital the epidemic is still so prevalent, that the popular festival in honor of the Revolution of 1830, and the National Rifle Meeting (which a large body of English volunteers had proposed to attend), have been postponed.

From the *East* there is scattered information of the course of the epidemic of some interest. At the close of 1865 (as Mr. Radcliffe relates in his history of the progress of the epidemic in that year), Bagdad had been invaded, the disease having travelled to that city along the line of the Euphrates, having manifested itself successively at Sukesh-Shiookh, Sumaweli, Devaniah, Nejjeff, Kerbe'a, and Hilleh. Subsequently the malady extended to Samarrah, Kirkook, and Mosul, through the intervening districts.

We now learn, that, early in the present year, cholera was prevalent in Suleimania (seventy-three miles E. N. E. of Kirkook), and that it was raging in at least one locality near the Persian frontier. The disease also re-appeared at Bagdad, scattered cases occurring from March to May. The latest news (two months old) makes known that the epidemic, extending on the one hand northwards from Suleimania, had advanced into Persia, attacked So-uj Bolak, and spread through the district west of Lake Urumiyah to the town of that name; while, on the other hand, travelling eastwards and northwards from Mosul, it has appeared in Diarbekir.

Urumiyah has a population of 30,000, and the mortality rose in a few days from 5 or 6 deaths daily to 150.

PRUSSIA.—In *Danzig*, during the week ending 20th September, 44 cases, 20 deaths. Six preceding weeks, cases, 338, 338, 388, 267, 307, 159; deaths, 166, 173, 182, 144, 184, 191.

HOLLAND.—General return for the whole kingdom: Week ending September 1st, 1852 cases, 842 deaths. Preceding week, 791 cases, 535 deaths.

Returns for the principal towns:—

	Sept. 12th.		Since commencement of epidemic.	
	Cases.	Deaths.	Cases.	Deaths.
Amsterdam	6	8	1054	966
'S Gravenhage	11	8	1641	967
Delft	0	1	669	416
Rotterdam	5	5	1862	1173
Arnhem	3	3	485	311
Sept. 11th.				
Culenborg	8	4	205	123
Zwolle	1	1	311	186
Groningen	4	3	1677	985

RUSSIA. *St. Petersburg.*—General return from the commencement of the epidemic (June 14) to Aug. 22:—

	Males.	Females.	Total.
Attacks	10,970	4,384	15,354
Recoveries	8,231	3,277	11,508
Deaths	2,151	930	3,081

Riga.—Aug. 29th, 129 cases, 70 deaths.

Mitau.—On Aug. 7th, cholera broke out, and from that date to the 27th there were 35 cases.

Moscow.—From the commencement of the outbreak to the 8th of September, 536 cases, 250 deaths.

Kiev.—Aug. 24th, 14 cases, 6 deaths; 25th, 23 cases, 3 deaths; 26th, 20 cases, 11 deaths.

Berditchev.—Aug. 13th to 20th, 253 cases, 75 deaths.

Mohilev.—Aug. 10th to 17th, 230 cases, 80 deaths.

Odessa.—Aug. 20th, 59 cases, 28 deaths; 21st, 46 cases, 28 deaths; 22d, 39 cases, 22 deaths. The first case occurred on the 30th of June. The outbreak attained its highest development between the 24th and 31st of July, the maximum daily mortality being 123.

Warsaw.—Sept. 11th, 28 cases, 9 deaths.

FRANCE. *Nice.*—Mr. Consul A. la Croix, in a letter to "The Times," makes the following statements relative to the outbreak here: From the 25th July (first appearance) to the 31st of July, 27 deaths in the town; 1 only from cholera. In August, 146 deaths; 20 from cholera. From Sept. 1st to 19th inclusive, 77 deaths; 17 from cholera. No death from cholera since Sept. 13th. Total deaths from epidemic within the periods named, 38 (in a population of 50,000). Total mortality from all causes, 250, as compared with 262 at the same period last year.

Boulogne.—The villages in the vicinity, as well as the town itself, have been affected by the epidemic. So far as can be ascertained the outbreak has never assumed serious proportions, the maximum daily mortality in the town not exceeding 12. The disease still retains a hold upon the low-lying localities.

AUSTRIA.—In *Vienna* 586 deaths were recorded for the week ending Sept. 22; of these 274 were from cholera. From the commencement of the outbreak to the 26th Sept., 1052 cases and 393 deaths were reported.

ITALY.—At *Naples* the epidemic, according to the latest news, was assuming formidable proportions. On the 16th of September, 345 cases were reported, and 236 deaths; on the 17th, 312 cases, and 214 deaths. A violent explosion of the disease took place in the *Basso Porto* during the second week of September. Ninety-six cases occurred in this filthy street (which suffered more than any other locality of that city in the outbreak of 1865) in one day, and more than half ended fatally. The *Chiaja*, the west end of Naples, has been severely visited by the malady; on several days the deaths equalled the number of new cases. The disease prevails with greater severity in the hamlets and villages in the vicinity than in the city. In *Torri del Greco* one hundred houses are said to have been closed, from the families having been swept off. To the 20th ult., the only places in the neighborhood which had escaped were *Sorrento*, *Ischia*, and *Capri*.

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